

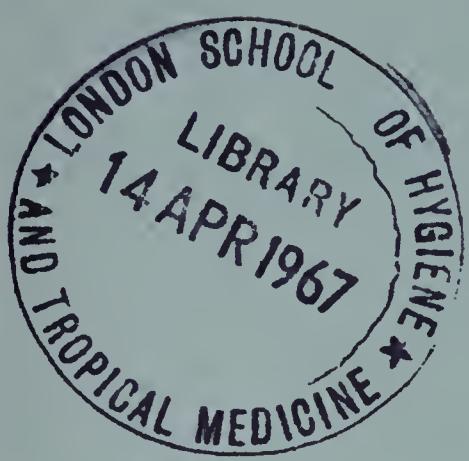


LEICESTER COUNTY COUNCIL

ANNUAL
REPORT

of the —
COUNTY
MEDICAL OFFICER OF HEALTH
FOR THE YEAR
1954

G. H. GIBSON, M.B., Ch.B., D.P.H.,
COUNTY MEDICAL OFFICER OF HEALTH



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G. H. GIBSON, M.B., Ch.B., D.P.H.,
COUNTY MEDICAL OFFICER OF HEALTH

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COUNTY HEALTH DEPARTMENT,

17 FRIAR LANE,

LEICESTER,

September, 1955

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the work of the County Health Department for the year 1954.

The report is on the same lines as previous years. The statistical tables, formerly at the end of the report, have been transferred so that each follows the particular section to which it refers, and it is hoped that this re-arrangement may facilitate ease of reference. It will be noted that, while many of the figures relating to the health and welfare of the county continue to show satisfactory trends, the birth-rate is still falling ; the birth-rate in the rural areas is actually the lowest ever recorded. The implications of this must give rise to some serious thinking.

I should like to call attention to a survey of the mental health services of the county, which has been prepared by Dr. Byars. I think members will find it interesting reading ; it is sometimes helpful to look back on the past, and sometimes surprising to realise how much the standards of a community can change in a short time.

The recent award of the M.B.E. to Mrs. Hamer, the Domestic Help Organiser, gave great pleasure to us all, and we were delighted not only at the recognition of Mrs. Hamer's outstanding abilities and service, but also at the compliment thereby paid to the work of the "Home Help" Service. I have included in the report a few case histories which I hope will give some indication of the value of the service in dealing with what has come to be called the "problem family".

In June, 1954, the Welfare Food Service was transferred from the Ministry of Food to the local health authorities, and we are indeed grateful to the Women's Voluntary Services and to the many individuals who demonstrated once again that there is still room in the Health Service for voluntary work. Full details of the arrangements made will be found in the report.

It is a very real pleasure to record my appreciation of the interest shown by all members of the Committee in the work under their control, and to express my gratitude to all those working in the County Health Service and to the Chief Officers and staffs of other departments of the County Council.

I have the honour to remain,

Your obedient servant,

G. H. GIBSON,

County Medical Officer

HEALTH COMMITTEE

FORSELL, J. T. (*Chairman*)

BOSWORTH, E.	MURPHY, R.
FREEMAN, H.	O'NEILL, W.
HARVEY, L. W.	PICKERING, L. G. W.
HEWITT, N. L.	POCHIN, V. R. (<i>ex-officio</i>)
HOLMES, J. H.	POPE, Mrs. S. A.
KEAY, Mrs. M. E., B.E.M.	SARGANT, Mrs. D. E.
KING, M.	SCHOFIELD, Dr. H., C.B.E.
MARSH, Mrs. A. G.	SHEFFIELD, Mrs. D. M.
MARTIN, Lt.-Col. SIR ROBERT, C.M.G. (<i>ex-officio</i>)	WILEMAN, W. A.
MAWBY, G. H.	WORTLEY, W. O.
MILLER, W. M. (<i>Vice-Chairman</i>)	YATES, F.

Members co-opted by the County Council (from outside its membership) :

DALLEY, Mrs. C. E. BOOTH, C. Z. M.

Members co-opted by the County Council on the nomination of various bodies :

NAME :	REPRESENTATION :
MARTIN, Hon. Lady	Leicestershire County Nursing Association
EVERARD, Mrs. F. J. F.	Leicestershire County Nursing Association
MILLER, Miss I. H.	Royal Leicester, Leicestershire and Rutland Incorporated Institution for the Blind
GIBSON, Dr. T. M.	National Health Service (Leicestershire and Rutland) Executive Council
LORRIMER, Mrs. J. H.	Voluntary Association for Cripples' Welfare
GARDINER, J.	Leicestershire and Rutland Association of Urban Authorities
SEVILLE, H. A.	Leicestershire and Rutland Association of Rural District Councils

Sub-Committees of the Health Committee

(including terms of reference)

General Purposes Sub-Committee :

MILLER, W. M. (*Chairman*)

Ambulance Service
Health Centres
Health Education
Housing (including housing of rural workers)
Milk and Dairies

HARVEY, L. W. (*Vice-Chairman*)

Sewerage and water
Small dwellings
Welfare of the blind, crippled, deaf and dumb and handicapped persons
General matters not specifically referred to any other Sub-Committee

Domiciliary Services Sub-Committee :

WORTLEY, W. O. (*Chairman*)

Domestic Help Service
Health Visiting
Home Nursing
Maternity and Child Welfare
Midwifery
Other types of illness, including venereal disease, care of epileptics and care of patients discharged from hospital

SARGANT, Mrs. D. E. (*Vice-Chairman*)

Provision of nursing equipment and apparatus
Tuberculosis, including the provision of village settlements, workshops, hostel accommodation, night sanatoria, domiciliary visits to tuberculosis patients, provision of shelters and the setting up of a Care Committee

HEALTH COMMITTEE—*continued*

Mental Health Sub-Committee :

BOOTH, C. Z. M. (*Chairman*) DALLEY, Mrs. C. E. (*Vice-Chairman*)

Lunacy and Mental Deficiency, including the Council's duties in respect of mental illness or defectiveness under Section 28 of the National Health Service Act, 1946.

Representation on other Governing Bodies and Associations

Joint Consultative Committee for the Welfare of the Blind :

FORSELL, J. T., HOLMES, J. H., MAWBY, G. H., MILLER, W. M.

Leicestershire County Nursing Association :

FORSELL, J. T., HARVEY, L. W., HOLMES, J. H., SARGANT, Mrs. D. E.

National Health Service Act, 1946 ; Leicestershire and Rutland Executive Council :

HARVEY, L. W.	HOLMES, J. H.	KEAY, Mrs. M. E.
MAWBY, G. H.	MILLER, W. M.	MARTIN, Hon. Lady

Leicestershire Voluntary Association for Cripples' Welfare :

KEAY, Mrs. M. E. MARSH, Mrs. A. G. SHEFFIELD, Mrs. D. M.

Leicester and County Mission to the Deaf and Dumb :

KEAY, Mrs. M. E.

Royal Leicester, Leicestershire and Rutland Incorporated Institution for the Blind :

FORSELL, J. T. KEAY, Mrs. M. E. MAWBY, G. H. YATES, F.

Wycliffe Society for Helping the Blind :

KEAY, Mrs. M. E.

Southern Regional Association for the Blind :

YATES, F.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

County Medical Officer ; Principal School Medical Officer :

GIBSON, G. H., M.B., CH.B., D.P.H.

Deputy County Medical Officer ; Deputy Principal School Medical Officer :

BYARS, J. R., M.B., CH.B., D.P.H.

Senior Medical Officer :

CAMPBELL, MARJORIE L., M.B., CH.B., B.A.O., D.P.H.

Assistant County Medical Officers :

BENNETT, JOAN G. H., M.B., B.CH., B.A.O.

CRUICKSHANK, MARGARET O., M.A., M.R.C.S., L.R.C.P.

*Senior Assistant County Medical Officer ;
Medical Officer of Health, Loughborough M.B. :*

HOLDERNESS, R. C., M.B., B.S., D.P.H.

*Assistant County Medical Officer ; Medical Officer of Health, Blaby and Lutterworth
Rural Districts :*

McFARLAND, W. D. H., M.B., B.CH., B.A.O., D.P.H.

*Assistant County Medical Officer ;
Medical Officer of Health, Barrow-upon-Soar Rural District:*

HALL, J. W., M.D., B.Hy., D.P.H.

*Assistant County Medical Officer ; Medical Officer of Health, Oadby, Wigston and
Market Harborough Urban Districts and Market Harborough Rural District :*

KIND, R. W., M.R.C.S., L.R.C.P., D.P.H.

Chest Physician and Chief Tuberculosis Officer :

BROUGH, M. C., M.D., B.CH., B.A.O.

(Joint duties with Sheffield Regional Hospital Board and County Council)

Principal School Dental Surgeon :

ASHTON, P., L.D.S. (retired 31st March, 1954)

CAMPBELL, W. G., L.D.S. (appointed 1st April, 1954)

School Dental Surgeons :

WARD, A. E., L.D.S.

MCLELLAN, C. L. R., L.D.S.

LATIMER, R., L.D.S. (part-time)

County Sanitary Officer :

GREGORY, S. A., M.R.SAN.I., M.S.I.A.

STAFF OF THE PUBLIC HEALTH DEPARTMENT —continued

Superintendent Health Visitor and School Nurse (combined duties) :

CARRYER, Miss G. I., S.R.N., S.C.M., H.V.CERT.

Deputy Superintendent Health Visitor and School Nurse (combined duties) :

HORNSBY, Miss A., R.G.N., S.C.M., H.V.CERT.

Almoner :

WHITEHALL, Miss M. I., B.SC.

Non-Medical Supervisor of Midwives :

BLACKWELL, Miss I. W., S.R.N., S.C.M.
(on the Staff of the Leicestershire County Nursing Association)

Domestic Help Organiser :

HAMER, Mrs. A. L. E., M.B.E.

Ambulance Officer :

CAVE, F. J.

Senior Mental Health Officer and Authorised Officer :

FORDHAM, W. J.

Deputy Senior Mental Health Officer and Authorised Officer :

NEWTON, Mrs. M., D.P.A.

Mental Health Officers and Authorised Officers :

MAGEE, L. M. CHARLES, Mrs. R.
WEST, Miss D. I.

Chief Administrative Assistant :

TURNER, E. R.

DISTRICT MEDICAL OFFICERS OF HEALTH

Area	Name	Office Address and Telephone No.
URBAN :		
Ashby-de-la-Zouch	Dr. A. M. W. Segerdal..	Town Hall, Ashby-de-la-Zouch (Tel. Ashby-de-la-Zouch 50)
Ashby Woulds ..	Dr. A. M. W. Segerdal..	Council Offices, Moira (Tel. Swadlincote 7669)
Coalville ..	Dr. A. Hamilton ..	Council Offices, London Road, Coalville (Tel. Coalville 283)
Hinckley ..	Dr. W. D. Cruickshank	Council Offices, Church Walk, Hinckley (Tel. Hinckley 771)
Loughborough ..	Dr. R. C. Holderness ..	Health Department, Town Hall, Loughborough (Tel. Loughborough 2094)
Market Harborough	Dr. R. W. Kind..	.. Council Offices, Northampton Road, Market Harborough (Tel. Market Harborough 2258)
Melton Mowbray ..	Dr. J. Young ..	.. Egerton Lodge, Melton Mowbray (Tel. Melton Mowbray 662)
Oadby ..	Dr. R. W. Kind..	.. Council Offices, Oadby (Tel. Oadby 585)
Shepshed ..	Dr. A. M. W. Segerdal..	Council Offices, Shepshed (Tel. Shepshed 3212)
Wigston ..	Dr. R. W. Kind..	.. Council Offices, Wigston (Tel. Wigston 2345)
RURAL :		
Ashby-de-la-Zouch	Dr. A. M. W. Segerdal..	South Street, Ashby-de-la-Zouch (Tel. Ashby-de-la-Zouch 77)
Barrow-upon-Soar	Dr. J. W. Hall ..	.. The Grange, Rothley (Tel. Rothley 391)
Billesdon ..	Dr. J. Young ..	.. Council Offices, Thurnby (Tel. Thurnby 356)
Blaby ..	Dr. W. D. H. McFarland	Council Offices, Narborough (Tel. Narborough 2071)
Castle Donington ..	Dr. T. M. Montford ..	4 Clapgun Street, Castle Donington (Tel. Castle Donington 271)
Lutterworth ..	Dr. W. D. H. McFarland	Council Offices, Lutterworth (Tel. Lutterworth 61/64)
Market Bosworth ..	Dr. W. D. Cruickshank..	Council Offices, Market Bosworth (Tel. Market Bosworth 234, 371)
Market Harborough	Dr. R. W. Kind..	.. 42 High Street, Market Har- borough (Tel. Market Harborough 2063)
Melton and Belvoir	Dr. J. Young ..	.. 10 High Street, Melton Mowbray (Tel. Melton Mowbray 343)

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

NATURAL AND SOCIAL CONDITIONS

Lying as it does practically in the centre of the country, the geological composition of Leicestershire consists to a large extent of a clay soil, although towards the periphery on the east and west, sandstone and shales prevail. There are no extremes of altitude, the surface varying from 100 feet to 900 feet above sea level. The remnants of the Charnwood Forest, now only a mere shadow of what it was a few centuries ago, occupy most of the higher ground in the western half of the county. It is in this area that outcrops of Pre-Cambrian rock occur—being the oldest type of rock in the world, its age being estimated at about five hundred million years.

The county is renowned for hunting, and with its undulating surface, lends itself admirably to this sport. The land is used chiefly for grazing and agriculture except for certain quarries in various parts and in the north-west which is a coal-mining district.

Agriculture, mining and the industries in connection with boots, shoes and hosiery are the chief occupations of the population. Large numbers of workers employed in the City of Leicester come from all parts of the County, travelling to and from work daily.

STATISTICS OF THE AREA

				Whole County
Area in Acres	..	..	Urban	56,850
			Rural	458,548 .. 515,398
Population (Registrar-General's estimates, mid-year 1954) :				
		Urban	164,970	
		Rural	189,630 ..	354,600
Rateable value as at 1st April, 1954	..			£1,830,256
Estimated product of penny rate, 1954-55				£7,182
Live births	..	Urban	2,465	
		Rural	2,680 ..	5,145
Live birth-rate	..	Urban	14.95	
		Rural	14.13 ..	14.51
Stillbirths	..	Urban	78	
		Rural	71 ..	149
Stillbirth rate	..	Urban	0.47	
		Rural	0.37 ..	0.42
Deaths	..	Urban	1,716	
		Rural	1,933 ..	3,649
Death-rate	..	Urban	10.41	
		Rural	10.19 ..	10.29
Infant mortality (deaths under one year of age)	..	Urban	70	
		Rural	70 ..	140
Infant mortality rate (per thousand live births)	..	Urban	29.4	
		Rural	27.0 ..	28.1
Neo-natal mortality (deaths under four weeks of age)	..	Urban	57	
		Rural	49 ..	106

STATISTICS OF THE AREA—*continued*

Neo-natal mortality rate (per thousand live births) ..	Urban	23.9		
	Rural	18.9	..	21.3
Maternal mortality	Urban	—		
	Rural	2	..	2
Maternal mortality rate (per thousand live and still births)	Urban	—		
	Rural	0.73	..	0.37

POPULATION OF THE COUNTY

The Registrar General's estimated populations as at 30th June, 1954, and 1953 are shown in comparison with the final census figures for 1951:

		Estimated Mid-year 1954	Estimated Mid-year 1953	Census 1951
Urban Districts :				
Ashby-de-la-Zouch ..	..	6,550	6,515	6,405
Ashby Wolds ..	..	3,380	3,368	3,418
Coalville ..	..	25,720	25,630	25,744
Hinckley ..	..	39,680	39,310	39,094
Loughborough M.B.	..	35,860	35,740	34,731
Market Harborough ..	..	10,420	10,340	10,400
Melton Mowbray ..	..	14,350	14,260	14,053
Oadby ..	..	6,410	6,253	6,205
Shepshed ..	..	6,420	6,364	6,235
Wigston ..	..	16,180	15,720	15,457
Rural Districts :				
Ashby-de-la-Zouch ..	..	13,900	13,820	13,781
Barrow-upon-Soar ..	..	50,070	49,160	47,395
Billesdon ..	..	8,180	7,862	7,822
Blaby ..	..	39,800	39,810	39,214
Castle Donington ..	..	10,130	9,958	9,273
Lutterworth ..	..	11,970	11,940	11,820
Market Bosworth ..	..	26,890	26,790	26,370
Market Harborough ..	..	10,050	10,010	9,835
Melton and Belvoir ..	..	18,640	18,650	18,644
Totals :				
Urban Districts ..	..	164,970	163,500	161,742
Rural Districts ..	..	189,630	188,000	184,154
Whole County ..	..	354,600	351,500	345,896

The Registrar General, at the end of 1954, published figures for the 1951 Census of Leicestershire and population figures for all parishes in the County are given below and compared with the 1931 Census.

Ashby-de-la-Zouch Rural District

Parish		1931 Census	1951 Census
Appleby Magna ..	..	763	829
Bardon ..	..	55	38
Chilcote ..	..	124	104
Coleorton ..	..	1,209	1,112
Heather ..	..	638	661

Ashby-de-la-Zouch Rural District—*continued*

Parish			1931 Census	1951 Census
Measham ..	..	..	2,519	2,766
Normanton-le-Heath ..	..	..	143	113
Oakthorpe and Donisthorpe ..	..	..	2,463	2,398
Osgathorpe ..	..	..	385	404
Packington ..	..	..	421	405
Ravenstone-with-Snibston ..	..	..	1,163	1,215
Snarestone ..	..	..	347	316
Staunton Harold ..	..	..	182	150
Stretton-en-le-Field ..	..	..	67	47
Swannington ..	..	..	1,653	1,509
Sweystone ..	..	..	629	501
Worthington ..	..	..	1,151	1,213
Total ..	..	..	13,912	13,781

Barrow-upon-Soar Rural District

Anstey ..	..	..	3,308	3,685
Barkby ..	..	..	413	405
Barkby Thorpe ..	..	..	73	72
Barrow-upon-Soar ..	..	..	2,661	2,788
Beeby ..	..	..	97	109
Birstall ..	..	..	2,390	6,667
Burton-on-the-Wolds ..	..	..	297	938
Cossington ..	..	..	349	419
Cotes ..	..	..	42	62
Hoton ..	..	..	238	240
Mountsorrel ..	..	..	3,012	3,877
Newtown Linford ..	..	..	488	901
Prestwold ..	..	..	61	68
Queniborough ..	..	..	946	1,201
Quorndon ..	..	..	2,603	3,157
Ratcliffe-on-the-Wreake ..	..	..	180	179
Rearsby ..	..	..	538	692
Rothley ..	..	..	2,351	2,486
Seagrave ..	..	..	351	329
Sileby ..	..	..	3,598	4,236
South Croxton ..	..	..	221	153
Swithland ..	..	..	168	167
Syston ..	..	..	4,866	5,508
Thrussington ..	..	..	522	469
Thurcaston ..	..	..	740	1,126
Thurmaston ..	..	..	2,596	4,178
Ulverscroft ..	..	..	131	124
Walton-on-the-Wolds ..	..	..	229	257
Wanlip ..	..	..	103	88
Woodhouse ..	..	..	1,302	2,049
Wymeswold ..	..	..	755	765
Total ..	..	..	35,629	47,395

Billesdon Rural District

Parish				1931 Census	1951 Census
Allexton	..	..	..	45	58
Billesdon	..	..	..	543	717
Burton Overy	..	..	..	311	259
Carlton Curlieu	..	..	..	72	61
Cold Newton	..	..	..	104	90
East Norton	..	..	..	92	111
Frisby	..	..	..	12	26
Galby	..	..	..	70	90
Glen Magna	..	..	..	823	925
Goadby	..	..	..	47	64
Houghton-on-the-Hill	..	..	..	392	662
Hungarton	..	..	..	274	313
Illston-on-the-Hill	..	..	..	205	169
Keyham	..	..	..	108	126
King's Norton	..	..	..	47	43
Launde	..	..	..	43	43
Loddington	..	..	..	64	88
Lowesby	..	..	..	135	133
Marefield	..	..	..	21	26
Noseley	..	..	..	63	51
Owston and Newbold	..	..	..	125	110
Rolleston	..	..	..	67	61
Scraptoft	..	..	..	424	1,075
Skeffington	..	..	..	121	131
Stoughton	..	..	..	110	358
Stretton Magna	..	..	..	56	231
Stretton Parva	..	..	..	86	105
Thurnby	..	..	..	596	843
Tilton	..	..	..	322	357
Tugby	..	..	..	259	231
Whatborough	..	..	..	19	15
Wistow	..	..	..	192	211
Withcote	..	..	..	53	39
Total	..	..	..	5,901	7,822

Blaby Rural District

Aston Flamville	..	..	..	107	125
Blaby	..	..	..	2,304	2,991
Braunstone	..	..	..	2,266	8,986
Cosby	..	..	..	1,309	1,533
Countesthorpe	..	..	..	1,946	2,109
Croft	..	..	..	961	984
Elmesthorpe	..	..	..	134	392
Enderby	..	..	..	3,020	3,378
Glenfields	..	..	..	2,184	3,470
Glen Parva	..	..	..	983	3,223
Huncote	..	..	..	556	536
Kilby	..	..	..	278	264
Kirby Muxloe	..	..	..	2,085	2,866

Blaby Rural District—continued

Parish			1931 Census	1951 Census
Leicester Forest West	..	..	54	42
Lubbesthorpe	..	..	135	75
Narborough	..	..	2,630	3,460
Potters Marston	..	..	57	44
Sapcote	..	..	862	794
Sharnford	..	..	482	576
Stoney Stanton	..	..	1,560	1,430
Thurlaston	..	..	484	430
Whetstone	..	..	1,403	1,466
Wigston Parva	..	..	40	40
 Total ..	..	..	<hr/>25,840	<hr/> 39,214
			<hr/>	<hr/>

Castle Donington Rural District

Belton	..	..	568	653
Breedon-on-the-Hill	..	..	729	810
Castle Donington	..	..	2,663	3,140
Charley	..	..	376	339
Isley-cum-Langley	..	..	84	149
Kegworth	..	..	2,107	2,508
Lockington-Hemington	..	..	484	538
Long Whatton	..	..	966	1,136
 Total ..	..	..	<hr/>7,977	<hr/> 9,273
			<hr/>	<hr/>

Lutterworth Rural District

Arnesby	..	..	282	304
Ashby Magna	..	..	257	217
Ashby Parva	..	..	147	135
Bittesby	..	..	40	32
Bitteswell	..	..	293	346
Broughton Astley	..	..	1,440	1,523
Bruntingthorpe	..	..	203	215
Catthorpe	..	..	130	128
Claybrooke Magna	..	..	382	469
Claybrooke Parva	..	..	119	95
Cotesbach	..	..	136	143
Dunton Bassett	..	..	506	568
Frolesworth	..	..	245	210
Gilmorton	..	..	481	454
Kimcote and Walton	..	..	419	407
Knaptoft	..	..	44	39
Leire	..	..	305	303
Lutterworth	..	..	2,405	3,197
Misterton	..	..	541	459
North Kilworth	..	..	363	416
Peatling Magna	..	..	194	159
Peatling Parva	..	..	140	145

Lutterworth Rural District—*continued*

Parish				1931 Census	1951 Census
Shawell	..	..	..	146	154
Shearsby	..	..	..	172	144
South Kilworth	..	..	..	386	355
Swinford	..	..	..	313	368
Ullesthorpe	..	..	..	409	607
Westrill and Starmore	..	..	..	—	15
Willoughby Waterless	..	..	..	206	213
Total ..				10,704	11,820

Market Bosworth Rural District

Bagworth	..	..	..	2,279	2,103
Barlestone	..	..	..	1,134	1,229
Cadeby	..	..	..	122	158
Carlton	..	..	..	192	193
Desford	..	..	..	1,530	1,983
Groby	..	..	..	1,177	1,929
Higham-on-the-Hill	..	..	..	581	674
Ibstock	..	..	..	5,337	5,406
Market Bosworth	..	..	..	864	1,213
Markfield	..	..	..	2,611	2,760
Nailstone	..	..	..	349	525
Newbold Verdon	..	..	..	1,264	1,217
Osbaston	..	..	..	292	211
Peckleton	..	..	..	753	830
Ratby	..	..	..	1,814	2,093
Shackerstone	..	..	..	810	765
Sheepy	..	..	..	886	881
Sutton Cheney	..	..	..	561	590
Twycross	..	..	..	722	642
Witherley	..	..	..	724	968
Total ..				24,002	26,370

Market Harborough Rural District

Blaston	..	..	..	73	59
Bringhurst	..	..	..	42	55
Cranoe	..	..	..	61	41
Drayton	..	..	..	121	99
East Langton	..	..	..	208	228
Fleckney	..	..	..	1,552	1,490
Foxton	..	..	..	319	352
Glooston	..	..	..	65	64
Great Easton	..	..	..	349	398
Gumley	..	..	..	148	183
Hallaton	..	..	..	423	422
Horninghold	..	..	..	91	86
Husbands Bosworth	..	..	..	713	781
Kibworth Beauchamp	..	..	..	1,592	1,729

Market Harborough Rural District—*continued*

Parish			1931 Census	1951 Census
Kibworth Harcourt	..	..	520	578
Laughton	..	..	89	92
Lubenham	..	..	613	1,167
Medbourne	..	..	352	398
Mowsley	..	..	239	157
Nevill Holt	..	..	66	42
Saddington	..	..	243	190
Shangton	..	..	43	46
Slawston	..	..	121	124
Smeeton Westerby	..	..	343	321
Stockerston	..	..	37	50
Stonton Wyville	..	..	60	62
Theddingworth	..	..	183	204
Thorpe Langton	..	..	90	99
Tur Langton	..	..	190	208
Welham	..	..	39	40
West Langton	..	..	89	70
Total ..			9,074	9,835

Melton and Belvoir Rural District

Ab Kettleby	..	..	573	623
Asfordby	..	..	2,090	2,332
Belvoir	..	..	535	445
Bottesford	..	..	1,311	1,481
Broughton and Old Dalby	..	..	660	1,145
Buckminster	..	..	506	520
Burton and Dalby	..	..	632	635
Clawson and Harby	..	..	1,693	1,726
Croxton Kerrial	..	..	658	545
Eaton	..	..	709	658
Freeby	..	..	456	412
Frisby	..	..	580	597
Gaddesby	..	..	534	900
Garthorpe	..	..	166	138
Grimston	..	..	269	259
Hoby with Rotherby	..	..	535	595
Knossington	..	..	385	335
Redmile	..	..	780	755
Scalford	..	..	701	634
Somerby	..	..	870	864
Sproxton	..	..	614	572
Stathern	..	..	528	574
Twyford and Thorpe	..	..	468	495
Waltham	..	..	638	694
Wymondham	..	..	760	710
Total ..			17,651	18,644

LIVE BIRTHS

(rates calculated per thousand population)

The birth-rate continues its steady fall and the rate of 14.5 for the current year is one of the lowest ever recorded for the county. In fact only in 1933 and 1935 did the birth-rate reach a lower level, i.e. 14.3 in each year. The birth-rate for rural districts of 14.1 is actually the lowest ever recorded in Leicestershire.

The following table gives the number of births, and the corresponding rates per thousand population over the past 20 years :

Year	Urban		Rural		Whole County		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1935 ..	1,706	14.2	2,592	14.4	4,298	14.3	14.7
1936 ..	2,020	15.1	2,399	14.7	4,419	14.8	14.8
1937 ..	2,118	15.0	2,370	14.9	4,488	14.9	14.9
1938 ..	2,242	15.8	2,391	14.9	4,633	15.3	15.1
1939 ..	2,253	15.7	2,348	14.5	4,601	15.0	15.0
1940 ..	2,275	15.4	2,449	14.9	4,724	15.1	14.6
1941 ..	2,349	15.1	2,453	14.2	4,802	14.6	14.2
1942 ..	2,718	18.1	2,790	16.6	5,508	17.3	15.8
1943 ..	2,930	19.9	3,172	19.2	6,102	19.6	16.5
1944 ..	3,120	21.3	3,416	20.8	6,536	21.1	17.6
1945 ..	2,859	19.7	2,924	18.0	5,783	18.8	16.1
1946 ..	3,222	21.4	3,341	19.9	6,563	20.6	19.1
1947 ..	3,366	21.8	3,582	20.7	6,948	21.2	20.5
1948 ..	3,050	19.2	3,313	18.5	6,363	18.8	17.9
1949 ..	2,867	17.9	3,069	16.9	5,936	17.4	16.7
1950 ..	2,675	16.3	2,949	16.0	5,624	16.2	15.8
1951 ..	2,645	16.3	2,922	15.8	5,567	16.0	15.5
1952 ..	2,607	16.1	2,856	15.3	5,463	15.7	15.3
1953 ..	2,602	15.9	2,820	14.9	5,422	15.4	15.5
1954 ..	2,465	14.9	2,680	14.1	5,145	14.5	15.2

LIVE BIRTHS--*continued*

The next table shows an analysis of the total county births according to legitimacy and sex and covers the past twenty years.

Year	Legitimate		Illegitimate		Total male births	Total female births	Ratio of male to 100 female births
	No.	Rate	No.	Rate			
1935 ..	4,174	13.82	124	0.41	2,196	2,102	104.5
1936 ..	4,285	14.40	134	0.45	2,287	2,132	107.3
1937 ..	4,338	14.43	150	0.50	2,284	2,204	103.6
1938 ..	4,507	14.89	126	0.42	2,371	2,262	104.8
1939 ..	4,449	14.52	152	0.49	2,374	2,227	107.0
1940 ..	4,566	14.64	158	0.50	2,441	2,283	106.9
1941 ..	4,604	14.01	198	0.60	2,456	2,346	104.7
1942 ..	5,268	16.56	240	0.75	2,829	2,679	105.6
1943 ..	5,782	18.53	320	1.03	3,121	2,981	104.7
1944 ..	6,151	19.82	385	1.24	3,368	3,168	106.3
1945 ..	5,251	17.06	532	1.73	3,041	2,742	110.9
1946 ..	6,180	19.37	383	1.20	3,405	3,158	107.8
1947 ..	6,624	20.23	324	0.98	3,610	3,338	108.1
1948 ..	6,066	17.96	297	0.89	3,283	3,080	106.6
1949 ..	5,710	16.68	226	0.66	2,997	2,939	102.0
1950 ..	5,415	15.57	209	0.60	2,902	2,722	106.6
1951 ..	5,369	15.45	198	0.57	2,876	2,691	106.9
1952 ..	5,250	15.05	213	0.61	2,777	2,686	103.4
1953 ..	5,234	14.89	188	0.53	2,746	2,676	102.6
1954 ..	4,976	14.03	169	0.47	2,642	2,503	105.5

INFANT MORTALITY

(rates calculated per thousand live births)

The number of infant deaths continues to show a slight increase on the record low numbers of 1951 and 1952. The following table gives details of infant mortality over the past twenty years. It will be noticed that for the past two years the rate in Leicestershire has been higher than that for the whole country.

Year	Urban		Rural		Whole County		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1935 ..	90	53	131	50	221	51	57
1936 ..	107	53	124	52	231	52	59
1937 ..	103	49	117	49	220	49	58
1938 ..	109	49	95	40	204	44	53
1939 ..	115	51	97	41	212	46	50
1940 ..	112	42	127	50	239	46	55
1941 ..	159	59	106	41	265	50	59
1942 ..	146	54	111	40	257	47	49
1943 ..	134	46	123	39	257	42	49
1944 ..	123	39	122	36	245	37	46
1945 ..	97	34	110	38	207	36	46
1946 ..	134	42	101	30	235	36	43
1947 ..	161	48	137	38	298	43	41
1948 ..	102	33	103	31	205	32	34
1949 ..	81	28	80	26	161	27	32
1950 ..	80	29.9	72	24.4	152	27.0	29.8
1951 ..	72	27.2	71	24.3	143	25.7	29.6
1952 ..	77	29.6	68	23.8	145	26.5	27.6
1953 ..	77	29.6	75	26.6	152	28.0	26.8
1954 ..	70	29.4	70	27.0	140	28.1	25.5

INFANT MORTALITY—*continued*

The following table analyses the infant deaths into the individual causes of death in comparison with the figures for the year 1953 :

Cause of death	Year 1954			Year 1953		
	M.	F.	Total	M.	F.	Total
Whooping cough	2	1	3	—	—	—
Meningoccal infections	1	—	1	1	—	1
Leukaemia	—	—	—	1	—	1
Influenza	—	—	—	1	2	3
Pneumonia	8	4	12	10	5	15
Bronchitis	4	3	7	3	—	3
Gastritis, enteritis, and diarrhoea	—	—	—	1	—	1
Congenital malformations	16	8	24	14	23	37
Other defined and ill-defined diseases	60	29	89	53	33	86
All other accidents	4	—	4	3	2	5
Totals	95	45	140	87	65	152

NEO-NATAL DEATHS

(rates calculated per thousand live births)

In 1950 the Registrar-General gave information regarding the deaths of infants under four weeks of age and the following table gives details of such deaths over the past five years :

Year	Urban		Rural		Whole County	
	No.	Rate	No.	Rate	No.	Rate
1950	51	19.1	51	17.3	102	18.1
1951	41	15.5	42	14.4	83	14.9
1952	57	21.9	54	18.9	111	20.3
1953	53	20.4	48	17.0	101	18.6
1954	57	23.9	49	18.9	106	21.3

STILLBIRTHS
 (rates calculated per thousand population)

Year	Legitimate		Illegitimate		Total	
	No.	Rate	No.	Rate	No.	Rate
1935	176	0.58	1	0.003	177	0.58
1936	172	0.57	7	0.02	179	0.60
1937	167	0.56	3	0.01	170	0.57
1938	166	0.55	8	0.03	174	0.57
1939	192	0.69	11	0.04	203	0.74
1940	153	0.49	11	0.04	164	0.53
1941	141	0.43	7	0.02	148	0.45
1942	176	0.55	6	0.02	182	0.57
1943	169	0.54	15	0.05	184	0.59
1944	155	0.50	22	0.07	177	0.57
1945	153	0.50	17	0.06	170	0.55
1946	151	0.47	7	0.02	158	0.50
1947	172	0.53	10	0.03	182	0.55
1948	150	0.44	7	0.02	157	0.46
1949	127	0.37	12	0.04	139	0.41
1950	155	0.45	5	0.01	160	0.46
1951	121	0.35	7	0.02	128	0.37
1952	113	0.32	5	0.01	118	0.34
1953	120	0.34	3	0.008	123	0.35
1954	139	0.39	10	0.03	149	0.42

MATERNAL MORTALITY

Deaths from maternal causes still continue to remain at a very satisfactory low level, as will be seen from the table below. The number of deaths is now so small that an increase or diminution by one or two has a marked effect on the rate per thousand births.

Year	Number of maternal deaths	Rate per thousand live and stillbirths	
		Leicestershire	England and Wales
1935	17	3.80	3.93
1936	18	3.91	3.65
1937	14	3.01	3.11
1938	15	3.12	2.97
1939	17	3.52	2.82
1940	10	1.93	2.16
1941	14	2.83	2.23
1942	13	2.28	2.01
1943	19	3.03	2.29
1944	14	2.07	1.93
1945	16	2.69	1.79
1946	6	0.89	1.43
1947	9	1.26	1.17
1948	10	1.53	0.86
1949	5	0.82	0.82
1950	7	1.21	0.86
1951	5	0.88	0.79
1952	1	0.18	0.72
1953	4	0.72	0.76
1954	2	0.37	0.69

DEATHS (all causes and all ages)

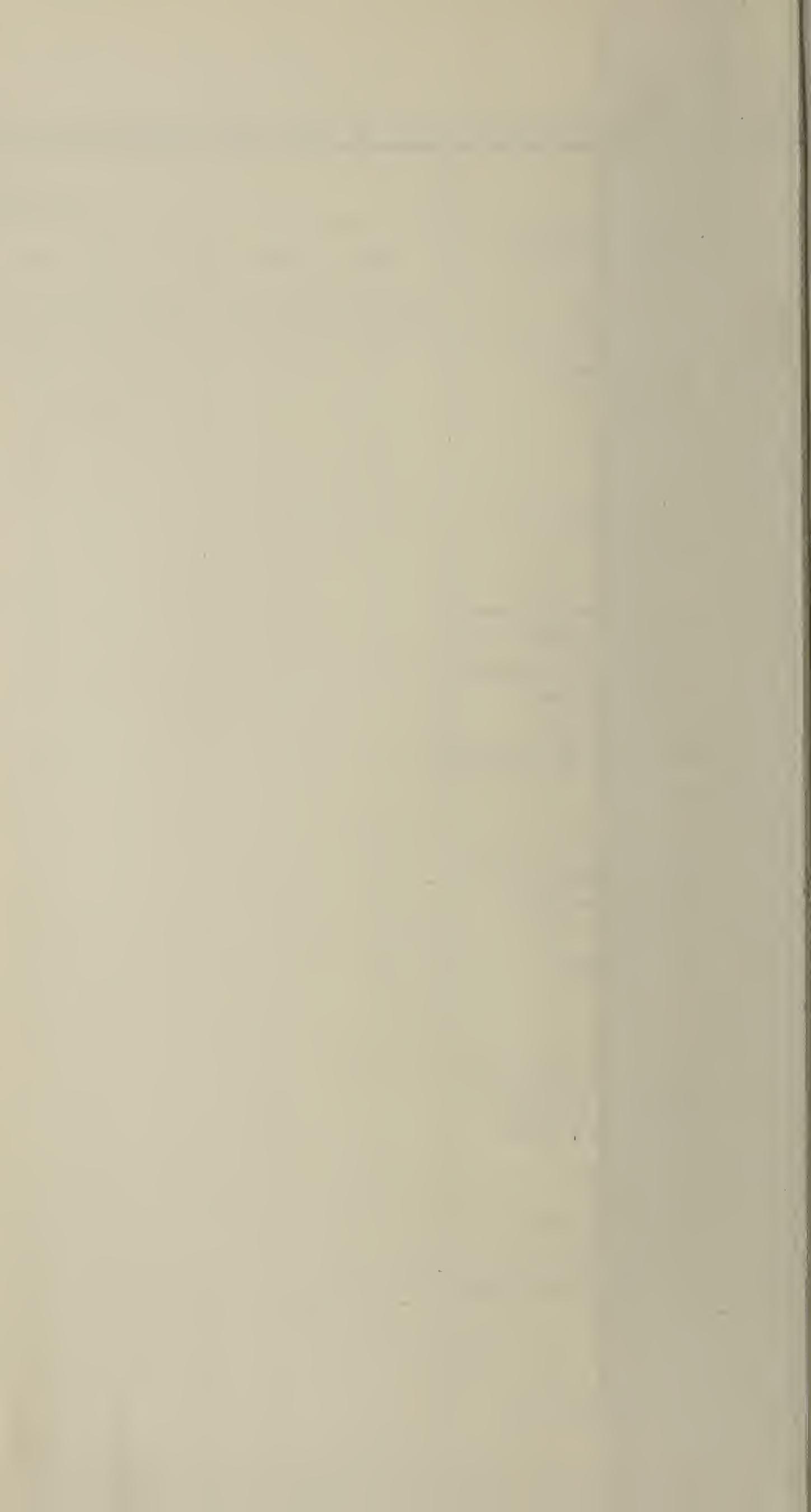
Deaths in the county for the year and also for the preceding four years are shown below, being grouped and classified according to the World Health Organisation Nomenclature Regulations of 1948.

It will be noted that deaths from Tuberculosis continue on their downward trend, while on the other hand, those from neoplasms are steadily increasing, as are also deaths from diseases of the nervous system.

		Year 1950	Year 1951	Year 1952	Year 1953	Year 1954
I. INFECTIVE AND PARASITIC DISEASES						
1. Tuberculosis, respiratory ..	..	87	86	70	55	55
2. Tuberculosis, other ..	..	11	9	14	8	3
3. Syphilitic disease ..	..	7	10	9	6	13
4. Diphtheria ..	..	—	—	1	—	—
5. Whooping cough ..	..	1	3	3	—	3
6. Meningoccal infections ..	..	4	1	2	1	3
7. Acute poliomyelitis ..	..	8	—	—	3	—
8. Measles ..	..	3	—	—	—	—
9. Other infective and parasitic diseases ..	14	8	12	4	2	
II. NEOPLASMS						
10. Malignant neoplasm, stomach ..	90	96	111	92	86	
11. Malignant neoplasm, lung, bronchus ..	74	82	82	99	96	
12. Malignant neoplasm, breast ..	60	64	52	62	77	
13. Malignant neoplasm, uterus ..	28	24	21	21	25	
14. Other malignant and lymphatic neoplasms ..	307	294	302	319	331	
15. Leukaemia, aleukaemia ..	11	10	15	17	11	
III. ALLERGIC, ENDOCRINE SYSTEM, METABOLIC, AND NUTRITIONAL DISEASES						
16. Diabetes ..	..	22	28	26	17	26
VI. DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS						
17. Vascular lesions of the nervous system	473	480	537	552	567	
VII. DISEASES OF THE CIRCULATORY SYSTEM						
18. Coronary disease, angina ..	..	382	378	376	391	432
19. Hypertension with heart disease ..	100	167	88	116	104	
20. Other heart disease ..	755	679	601	616	616	
21. Other circulatory disease ..	140	193	199	170	210	

causes of Death at Different Periods of Life in the Administrative County of Leicester, 1954

CAUSES OF DEATH	WHOLE COUNTY														AGGREGATES											
	0—		1—		5—		15—		25—		45—		65—		75—		Urban Districts			Rural Districts			Whole County			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total
1. Tuberculosis, respiratory	-	-	1	-	-	-	-	-	1	16	7	14	5	9	-	2	-	27	8	35	15	5	20	42	13	55
2. Tuberculosis, other	-	-	-	-	-	-	-	-	-	1	-	1	-	-	1	-	-	2	-	2	-	1	1	2	1	3
3. Syphilitic disease	-	-	-	-	-	-	-	-	-	-	1	4	5	1	2	-	6	4	10	2	1	3	8	5	13	
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
5. Whooping cough	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	1	2	2	1	3
6. Meningococcal infections	1	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3	-	-	-	3	-	3	
7. Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
9. Other infective and parasitic diseases	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	1	1	1	-	1	1	1	1	2
10. Malignant neoplasm, stomach	-	-	-	-	-	-	-	-	3	-	12	12	15	11	14	19	31	22	53	13	20	33	44	42	86	
11. Malignant neoplasm, lung, bronchus	-	-	-	-	-	-	-	1	-	4	-	50	6	29	1	4	1	41	3	44	47	5	52	88	8	96
12. Malignant neoplasm, breast	-	-	-	-	-	-	-	-	-	3	-	39	-	18	-	17	-	38	38	-	39	39	-	77	77	
13. Malignant neoplasm, uterus	-	-	-	-	-	-	-	-	-	4	-	11	-	8	-	2	-	16	16	-	9	9	-	25	25	
14. Other malignant & lymphatic neoplasms	-	-	-	1	-	-	1	-	12	14	51	51	72	32	52	45	83	70	153	105	73	178	188	143	331	
15. Leukæmia, aleukæmia	-	-	1	-	-	1	-	-	1	1	3	4	-	-	-	-	3	3	6	2	3	5	5	6	11	
16. Diabetes	-	-	-	-	-	-	-	-	1	-	2	4	4	4	4	7	5	6	11	6	9	15	11	15	26	
17. Vascular lesions of nervous system	-	-	-	-	1	-	1	-	3	2	46	52	86	93	113	170	114	144	258	136	173	309	250	317	567	
18. Coronary disease, angina	-	-	-	-	-	-	-	-	4	2	89	28	84	73	79	73	121	93	214	135	83	218	256	176	432	
19. Hypertension with heart disease	-	-	-	-	-	-	-	-	1	1	14	11	18	6	19	34	29	26	55	23	26	49	52	52	104	
20. Other heart disease	-	-	-	-	-	-	-	3	-	7	8	38	36	67	57	174	226	98	123	221	191	204	395	289	327	616
21. Other circulatory disease	-	-	-	-	-	-	-	-	3	-	23	12	23	21	65	63	67	41	108	47	55	102	114	96	210	
22. Influenza	-	-	-	-	-	-	-	-	-	-	3	4	2	3	6	3	4	4	8	7	6	13	11	10	21	
23. Pneumonia	8	4	2	2	1	1	1	-	4	3	6	9	11	13	17	17	22	29	51	28	20	48	50	49	99	
24. Bronchitis	4	3	-	1	-	-	-	-	1	1	36	6	37	9	25	21	58	21	79	45	20	65	103	41	144	
25. Other diseases of respiratory system	-	-	-	-	-	-	2	-	1	3	2	8	3	5	1	7	4	15	8	23	8	5	13	23	13	36
26. Ulcer of stomach and duodenum	-	-	-	-	-	-	-	-	3	-	10	3	3	3	11	2	16	4	20	11	4	15	27	8	35	
27. Gastritis, enteritis and diarrhoea	-	-	-	-	-	-	-	-	-	2	2	2	1	2	2	3	5	8	2	3	5	5	8	13		
28. Nephritis and nephrosis	-	-	-	-	-	1	-	-	2	5	4	12	9	2	3	6	10	13	23	13	11	24	23	24	47	
29. Hyperplasia of prostate	-	-	-	-	-	-	-	-	-	2	-	6	-	24	-	17	-	17	15	-	15	32	-	32		
30. Pregnancy, childbirth, abortion	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	2	-	2	2		
31. Congenital malformations	16	8	2	-	3	-	-	-	-	1	2	1	-	-	1	-	12	7	19	12	3	15	24	10	34	
32. Other defined and ill-defined diseases	60	29	-	3	2	2	3	5	10	11	33	35	23	33	47	67	89	77	166	89	108	197	178	185	363	
33. Motor vehicle accidents	-	-	1	-	3	-	7	-	15	1	10	1	1	1	2	1	13	1	14	26	3	29	39	4	43	
34. All other accidents	-	4	-	-	-	5	2	3	-	7	2	11	3	7	11	10	19	26	21	47	21	16	37	47	37	84
35. Suicide	-	-	-	-	-	-	1	-	2	3	14	2	7	5	1	-	9	3	12	16	7	23	25	10	35	
36. Homicide and operations of war	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1	1	-	1	
TOTALS	95	45	9	7	16	9	21	9	106	73	495	354	517	410	684	799	925	791	1,716	1,018	915	1,933	1,943	1,706	3,649	



Modes of Death in Administrative Areas, 1954

VIII. DISEASES OF THE RESPIRATORY SYSTEM			Year 1950	Year 1951	Year 1952	Year 1953	Year 1954
22. Influenza	..	..	12	120	24	39	21
23. Pneumonia	..	..	90	110	98	108	99
24. Bronchitis	..	..	147	181	146	155	144
25. Other diseases of the respiratory system			34	36	34	26	36
IX. DISEASES OF THE DIGESTIVE SYSTEM							
26. Ulcer of stomach and duodenum	..		39	38	29	34	35
27. Gastritis, enteritis and diarrhoea	..		19	18	7	12	13
X. DISEASES OF THE GENITO-URINARY SYSTEM							
28. Nephritis and nephrosis	..	..	43	61	62	42	47
29. Hyperplasia of prostate	..	..	27	32	28	26	32
XI. DELIVERIES AND COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM							
30. Pregnancy, childbirth, abortion	..		7	5	1	4	2
XIV. CONGENITAL MALFORMATIONS							
31. Congenital malformations	..	..	32	38	45	52	34
XVI. SYMPTOMS, SENILITY AND ILL-DEFINED CONDITIONS							
32. Other defined and ill-defined diseases			416	365	374	361	363
XVII. ACCIDENTS, POISONINGS AND VIOLENCE							
33. Motor vehicle accidents	..	..	34	30	41	37	43
34. All other accidents	..	..	61	64	73	71	84
35. Suicide	..	..	33	19	24	23	35
36. Homicide and operations of war	..		4	2	1	4	1

DEATHS (all causes and all ages)

(rates calculated per thousand population)

Year	Urban		Rural		Whole County		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1935 ..	1,265	10.56	1,986	11.01	3,251	10.83	11.7
1936 ..	1,511	11.26	1,847	11.30	3,358	11.28	12.1
1937 ..	1,652	11.69	1,925	12.08	3,577	11.89	12.4
1938 ..	1,507	10.60	1,664	10.37	3,171	10.48	11.6
1939 ..	1,560	10.74	1,788	10.96	3,348	10.85	12.1
1940 ..	1,809	12.21	2,072	12.65	3,881	12.44	14.3
1941 ..	1,795	11.54	1,847	10.68	3,642	10.99	12.9
1942 ..	1,569	10.45	1,730	10.30	3,299	10.37	11.6
1943 ..	1,657	11.28	1,868	11.31	3,525	11.29	12.1
1944 ..	1,608	11.00	1,862	11.35	3,470	11.18	11.6
1945 ..	1,582	10.90	1,831	11.26	3,413	11.09	11.4
1946 ..	1,641	10.87	1,761	10.47	3,402	10.66	11.5
1947 ..	1,798	11.64	1,894	10.96	3,692	11.28	12.0
1948 ..	1,569	9.87	1,732	9.69	3,301	9.77	10.8
1949 ..	1,731	10.79	1,923	10.58	3,654	10.68	11.7
1950 ..	1,739	10.62	1,836	9.98	3,575	10.28	11.6
1951 ..	1,724	10.60	2,007	10.86	3,731	10.74	12.5
1952 ..	1,675	10.33	1,833	9.82	3,508	10.06	11.3
1953 ..	1,703	10.42	1,831	9.74	3,534	10.05	11.4
1954 ..	1,716	10.41	1,933	10.19	3,649	10.29	11.3

The age groups in which the deaths occurred are given in the table below :

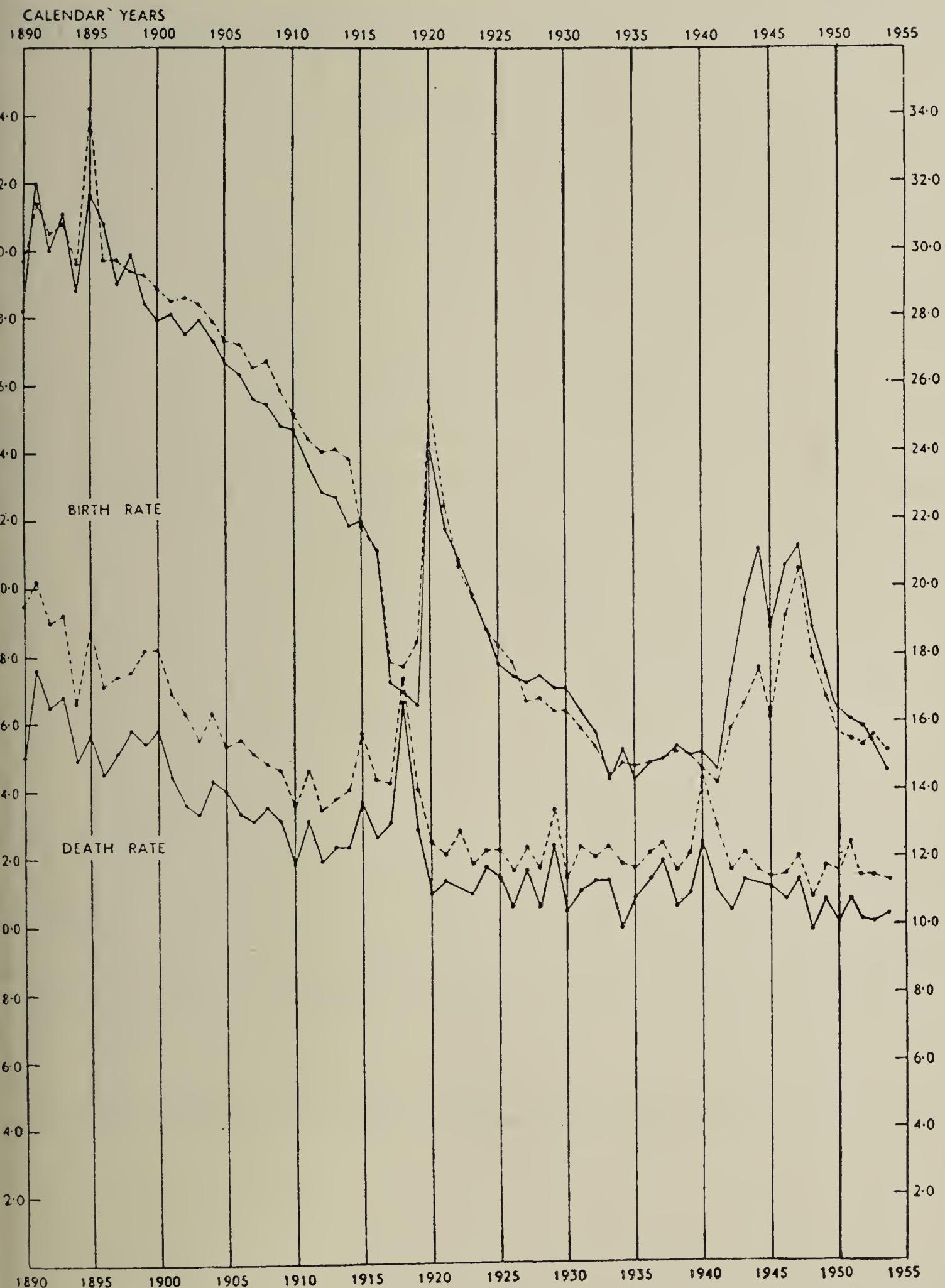
Age group (years)	Number of deaths	Percentage
0—	140	3.84
1—	16	0.44
5—	25	0.69
15—	30	0.82
25—	179	4.91
45—	849	23.26
65—	927	25.40
75—	1,483	40.64

BIRTHS AND DEATHS

Annual Birth and Death Rates per Thousand Population

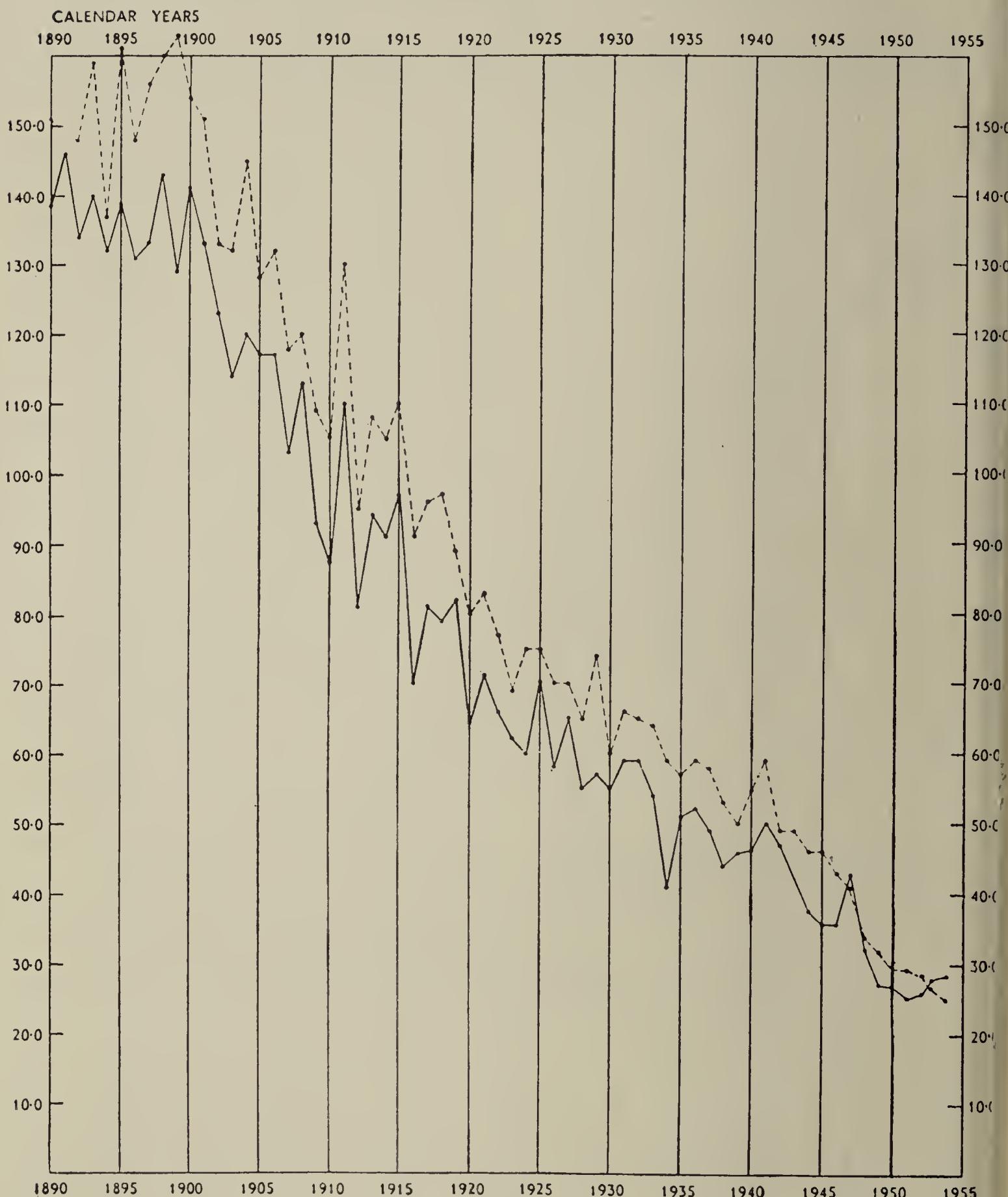
LEICESTERSHIRE ———

ENGLAND AND WALES -----



INFANT MORTALITY
Annual Death Rate per Thousand Live Births

LEICESTERSHIRE — ENGLAND AND WALES -----



MATERNAL MORTALITY

Annual Death Rate per Thousand Live and Still Births

LEICESTERSHIRE ———

ENGLAND AND WALES -----

AR YEARS

1920

1925

1930

1935

1940

1945

1950

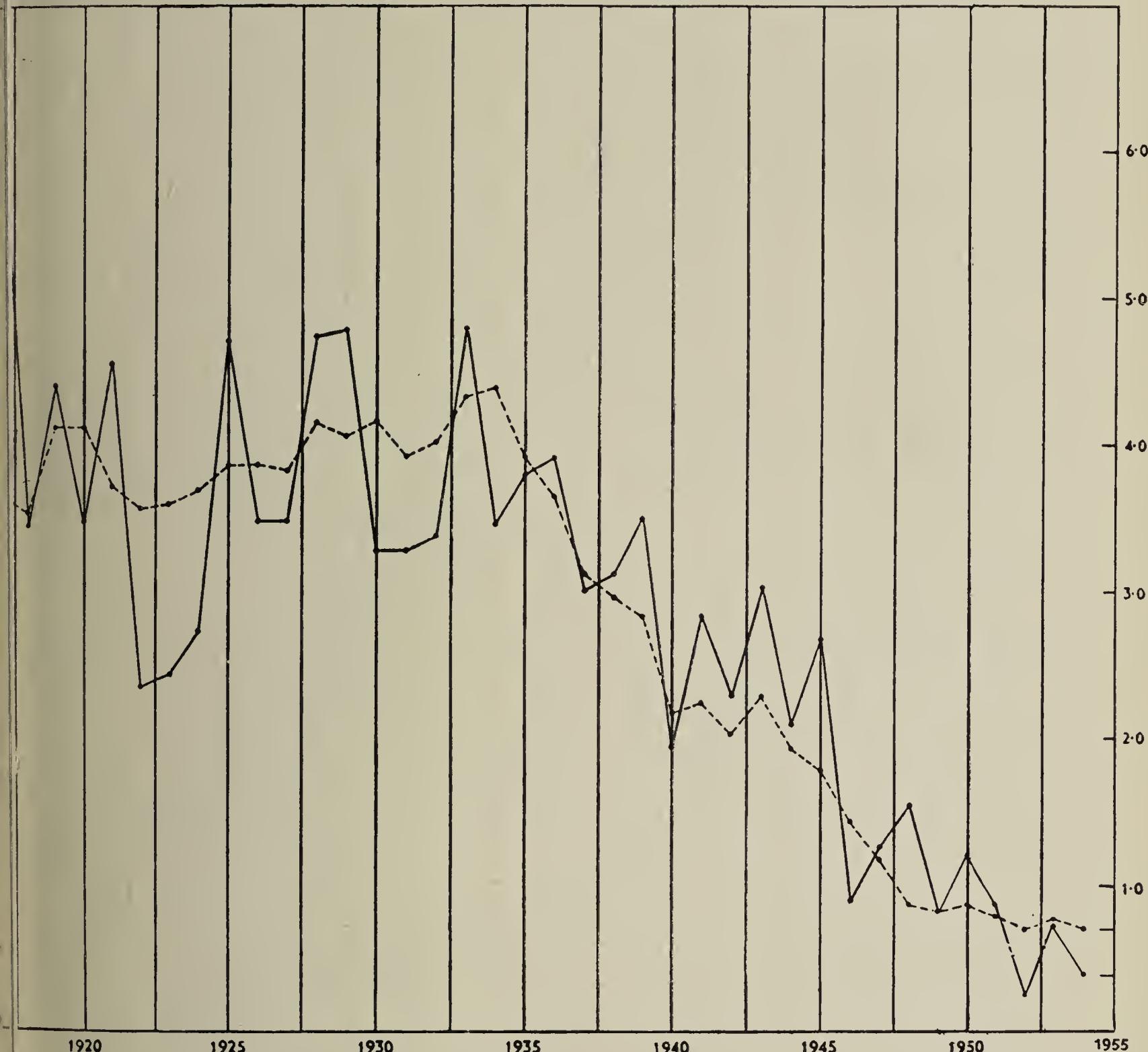
6.0

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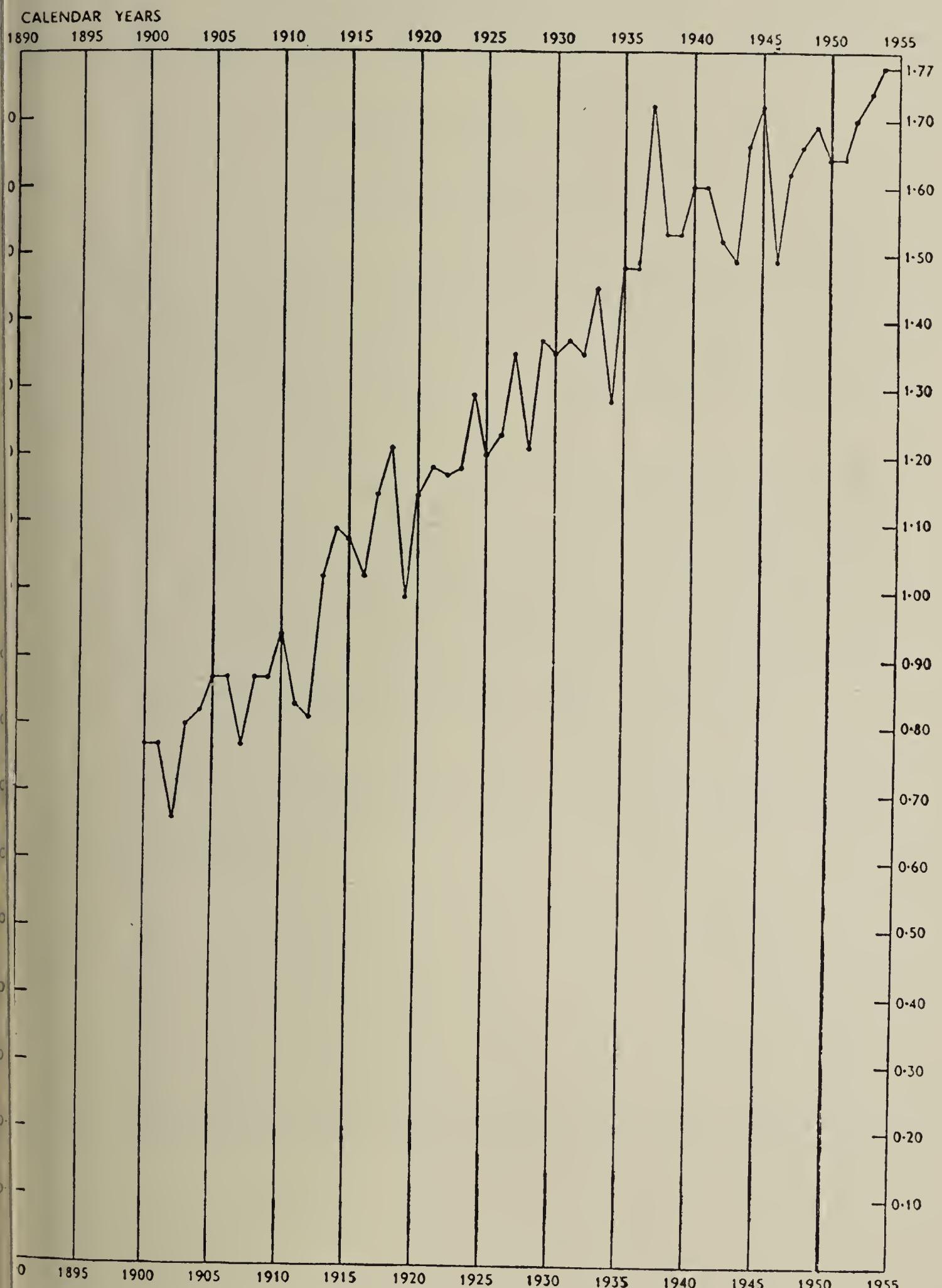
1.0



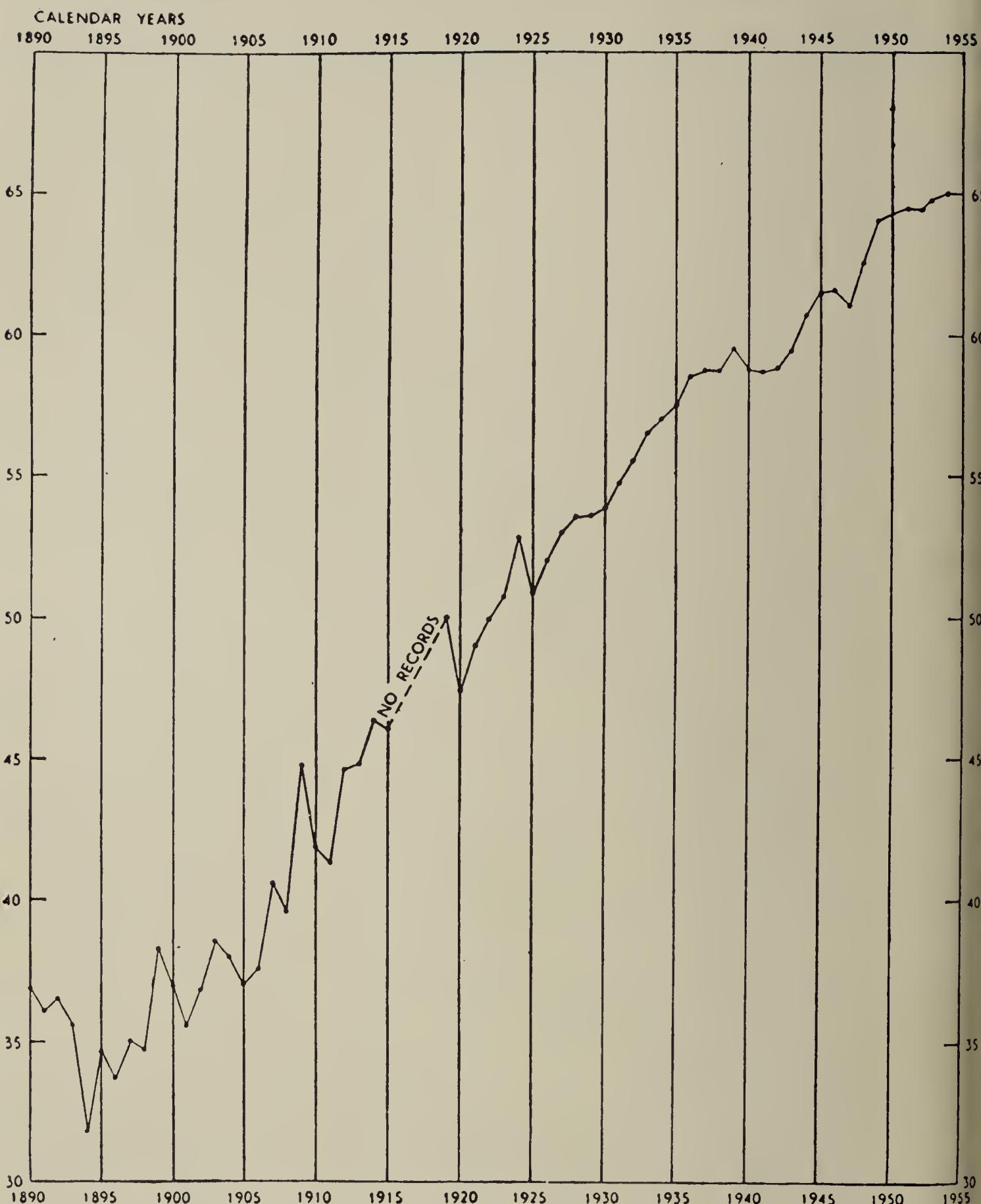
TUBERCULOSIS
(LEICESTERSHIRE)
Annual Death Rates per Thousand Population



NEOPLASMS
(LEICESTERSHIRE)
Annual Death Rate per Thousand Population



AVERAGE AGE AT DEATH
(LEICESTERSHIRE)
Calculated on Deaths in Age Groups



GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

National Health Service Act, 1946

SECTION 21 Health Centres

The Minister of Health in January, 1955, indicated his policy regarding Health Centres. The Minister recalled that in 1948 proposals for the immediate provision of health centres were not expected from local authorities because of the building situation at that time, and also because of the need for research and thought about design. These considerations to a large extent still apply. The Minister then went on to say :

“There has also been an important development following the report of the working party on the Distribution of Remuneration among General Practitioners. Assistance, consisting of interest-free loans, is now available to doctors who wish to establish group practices. By this means, general medical services may be provided by a group of doctors from premises owned by them, and it would be unnecessary for a health centre to be established in an area where such a group practice existed, or was proposed by the doctors and preferred by them to practising from a health centre”.

In view of this it appears that, for some time ahead, the building of health centres will only be justified in areas where a largely new population needs to be provided with health services, i.e. large housing estates or re-development areas.

SECTION 22

Care of Mothers and Young Children

Ante-Natal Services

<i>Address of Ante-Natal Clinic</i>	<i>Sessions held</i>
Health Clinic, Bridge Road, Coalville ..	Tuesdays, 9.30 a.m.
Health Clinic, The Lawns, Hinckley ..	Mondays, 2 p.m. 1st, 3rd and 5th Thursdays, 2 p.m.
Lemyngton Street, Loughborough ..	Wednesdays, 2 p.m.
Welland House, The Square, Market Harborough	1st and 3rd Mondays, 2.30 p.m.
Health Clinic, Countesthorpe Road, South Wigston	Fridays, 2 p.m.

The number of women attending the ante-natal clinics decreased from 622 in 1953 to 581 in 1954, with a corresponding decrease in the number of attendances from 2,491 to 2,282. This decline in the use of the ante-natal clinics dates from the coming into force of the National Health Service Act in 1948, in spite of the fact that the number of sessions has remained constant.

Year	Number of expectant mothers who attended	Number of attendances during year
1945	945	2,919
1946	983	3,363
1947	922	3,401
1948	789	2,952
1949	746	3,024
1950	636	2,544
1951	608	2,465
1952	610	2,417
1953	622	2,491
1954	581	2,282

Work carried out at all the ante-natal clinics during the year is shown in the following table :

	Coal-ville	Hinck-ley	Lough-borough	Market Har-borough	South Wig-ston	Totals
1. Number of sessions per month (approx.) :						
(a) Medical Officers sessions	4	6	4	-	4	18
(b) Midwives sessions ..	-	-	-	2	-	2
2. Number of women attended :						
(a) ante-natal	72	266	113	54	76	581
(b) post-natal	4	40	2	-	5	51
3. Number of women included in above, who had not previously attended an Ante-Natal Clinic during current pregnancy, or a post-natal clinic after last confinement :						
(a) ante-natal	57	206	102	-	69	434
(b) post-natal	4	40	2	-	5	51
4. Total number of attendances made by women included in 2 above :						
(a) Medical Officers sessions :						
(i) ante-natal	248	1,164	305	-	176	1,893
(ii) post-natal	4	42	2	-	5	53
(b) Midwives sessions ..						
(i) ante-natal	-	-	-	389	-	389
(ii) post-natal	-	-	-	-	-	-

Dental Treatment of Expectant and Nursing Mothers, and Pre-School Children

The shortage of dental staff has again made it necessary to suspend, in all parts of the county except Loughborough, the service for the provision of dental treatment for nursing and expectant mothers and children under five years of age. The figures in the tables below should, therefore, be taken as referring to the Loughborough area only.

(a) Numbers provided with dental care :

	Examined	Needing Treatment	Treated	Made Dentally fit
Expectant and Nursing Mothers	6	6	6	6
Children under five..	338	197	197	197

(b) Forms of dental treatment provided :

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anæsthetics	Dentures provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nurs- ing Mothers ..	3	6	-	-	3	-	-	-	-
Children under five..	-	104	222	-	334	-	-	-	-

Child Welfare Centres

Place	Address	Sessions held
Anstey ..	Church Hall, Church Lane	2nd and 4th Mondays, 2.30 p.m.
Asfordby ..	Parish Hall ..	2nd and 4th Thursdays, 2.30 p.m.
Ashby-de-la-Zouch	Baptist Room, Market Street	Thursdays, 2 p.m.
Bagworth ..	Miners' Institute, Station Road	1st and 3rd Wednesdays, 2.30 p.m.
Barlestoke ..	Church Room	2nd and 4th Tuesdays, 2 p.m.
Barrow-upon-Soar ..	Church Room	2nd and 4th Wednesdays, 2.45 p.m.
Barwell ..	Wesleyan Schoolroom, Chapel Street	2nd and 4th Thursdays, 2.30 p.m.
Birstall ..	Church Room	2nd and 4th Mondays, 2.30 p.m.
Blaby ..	Baptist Schoolroom ..	1st and 3rd Tuesdays, 2.15 p.m.
Bottesford ..	"The Elms"	2nd and 4th Thursdays, 2 p.m.
Braunstone ..	Trinity Church Room, Narborough Road, Leicester	2nd and 4th Wednesdays, 2.30 p.m.
Broughton Astley ..	Social Club Hall ..	1st and 3rd Tuesdays, 2 p.m.
Burbage ..	Methodist Church Schoolroom, Windsor Street	2nd and 4th Thursdays, 2 p.m.
Castle Donington ..	Methodist Church Room	1st and 3rd Mondays, 2.30 p.m.
Claybrooke Magna ..	Village Hall ..	1st and 3rd Thursdays, 2 p.m.
Coalville ..	Health Clinic, Bridge Road	Tuesdays, 2.30 p.m.
Cosby ..	Methodist Schoolroom	1st and 3rd Wednesdays, 2.30 p.m.

Place		Address	Sessions held
Countesthorpe	..	Methodist Church Schoolroom ..	2nd and 4th Thursdays, 2.30 p.m.
Croft ..	..	The Village Hall ..	1st and 3rd Wednesdays, 2 p.m.
Desford ..	..	Village Institute ..	1st and 3rd Tuesdays, 2 p.m.
Donisthorpe and Moira ..	..	Centenary Methodist Church Room, Donis- thorpe Road, Moira	2nd and 4th Tuesdays, 2 p.m.
Earl Shilton	..	St. John Ambulance Brigade Hall, Alexander Avenue	1st and 3rd Thursdays, 2 p.m.
Earl Shilton (The Cedars)	..	The Cedars Com- munity Centre, Shilton Road, Barwell	1st and 3rd Wednesdays, 2.30 p.m.
Ellistown	..	Old Church School ..	1st and 3rd Thursdays, 2 p.m.
Enderby ..	..	Mission Room ..	1st and 3rd Wednesdays, 2 p.m.
Glenfield ..	..	Wesleyan Rooms ..	2nd and 4th Tuesdays, 2.30 p.m.
Groby ..	..	Congregational Church	1st and 3rd Fridays, 2 p.m.
Hathern ..	..	Village Hall ..	2nd and 4th Wednesdays, 2 p.m.
Hinckley ..	..	Health Clinic, The Lawns	Tuesdays and Wednesdays, 2.30 p.m.
Houghton-on-the-Hill	Village Hall	..	1st and 3rd Mondays, 2 p.m.
Hugglescote	..	Baptist Room ..	2nd and 4th Mondays, 2.30 p.m.
Ibstock ..	..	Baptist Chapel Schoolroom	2nd and 4th Thursdays, 2.30 p.m.
Kegworth	..	Wesleyan Schoolroom, High Street	2nd and 4th Wednesdays, 2.30 p.m.
Kibworth ..	..	Village Hall ..	2nd and 4th Wednesdays, 2.30 p.m.
Leicester Forest East	St. Mary's Hall, St. Mary's Avenue, Braunstone Lane		1st and 3rd Mondays, 2 p.m.
Long Clawson	..	Methodist Church Schoolroom	1st and 3rd Thursdays, 2 p.m.
Loughborough	..	Lemyngton Street ..	Tuesdays, Thursdays and Fridays, 2 p.m.
Lutterworth	..	Church Hall, Coventry Road	1st and 3rd Thursdays, 2.30 p.m.
Market Bosworth ..	St. Peter's Hall ..		1st and 3rd Tuesdays, 2 p.m.
Market Harborough	Welland House, The Square		Wednesdays, 2.30 p.m.
Markfield ..	..	Miners' Institute ..	1st and 3rd Thursdays, 2 p.m.
Melton Mowbray ..	Health Clinic, Asfordby Road		Wednesdays, 2 p.m.

Place	Address	Sessions held
Mountsorrel	Church House	1st and 3rd Tuesdays, 2.30 p.m.
Narborough	Robjohn Hall	2nd and 4th Wednesdays, 2 p.m.
Newbold Verdon	Church Hall	2nd and 4th Thursdays, 2 p.m.
Oadby	Baptist Schoolroom	1st and 3rd Wednesdays, 2.45 p.m.
Old Dalby	Ordnance Depot	1st and 3rd Wednesdays, 2 p.m.
Quorn	Church Rooms	1st and 3rd Wednesdays, 2.30 p.m.
Ratby	Church Rooms	1st and 3rd Tuesdays, 2 p.m.
Rearsby	Village Hall	1st and 3rd Tuesdays, 2.30 p.m.
Rothley	Village Hall	1st and 3rd Mondays, 2.30 p.m.
Scraptoft	Village Institute	2nd and 4th Wednesdays, 2.30 p.m.
Shelthorpe	Old Isolation Hospital	Mondays and Wednesdays, 2 p.m.
Shepshed	Adult School, 50 Forest Road	2nd and 4th Wednesdays, 2.30 p.m.
Sileby	The Institute, Cossington Road	1st and 3rd Tuesdays, 2.15 p.m.
South Wigston	Health Clinic, Countesthorpe Road	Wednesdays, 2 p.m.
Stoney Stanton	Working Men's Club and Institute	2nd and 4th Tuesdays, 2 p.m.
Syston	Red Cross Hall	Mondays, 2.30 p.m.
Thorpe Acre	Community Centre	Fridays, 2 p.m.
Thurcaston	Village Memorial Hall	1st and 3rd Wednesdays, 2 p.m.
Thurmaston	Bethel Methodist Church Room	2nd and 4th Tuesdays, 2.30 p.m.
Whetstone	Congregational School- room	2nd and 4th Tuesdays, 2.30 p.m.
Whitwick	Primitive Methodist Schoolroom	Mondays, 2.30 p.m.
Wigston Fields	Methodist Churchrooms Frederick Street Wigston Magna	1st and 3rd Thursdays, 2.30 p.m.
Wigston Magna	Methodist Church Rooms, Moat Street	2nd and 4th Thursdays, 2.30 p.m.
Woodhouse Eaves	Village Hall	2nd and 4th Tuesdays, 2 p.m.
Wymeswold	Village Hall	2nd and 4th Tuesdays, 2 p.m.

During 1954 new centres were opened at Countesthorpe, Croft, Earl Shilton, Thorpe Acre, and Wymeswold bringing the total of infant welfare centres in the county to 67.

Summary of Statistics

Number of meetings held during the year 1954 ..	..	1,964 (1,817)
Mothers :		
Number of mothers who attended for the first time ..	..	3,587 (3,202)
Number of mothers who attended during the year ..	..	7,572 (7,718)
Number of attendances during the year ..	..	49,755 (66,886)
Children :		
Number of children who attended for the first time and were under one year of age .. .. ..	..	3,370 (3,612)
Number of children who attended during the year and who were born in :		
(a) 1954 (figures in brackets refer to 1953) .. .. ..	..	2,799 (2,810)
(b) 1953 (figures in brackets refer to 1952) .. .. ..	..	2,715 (2,635)
(c) 1949-52 (figures in brackets refer to 1948-51) .. .. ..	..	3,162 (3,338)
Total number of children who attended during the year ..	..	8,676 (8,783)
Number of attendances during the year made by children who at the date of attendance were :		
(a) Under one year of age .. .. ..	..	41,435 (41,804)
(b) Over one year but under two years of age .. .. ..	..	15,778 (15,934)
(c) Over two years but under five years of age .. .. ..	..	15,797 (16,515)
Total attendances during the year .. .. ..	..	73,010 (74,253)
Number of examinations by Medical Officers :		
First examinations .. .. ..	..	2,928 (3,001)
Total examinations .. .. ..	..	8,663 (7,216)
Number of weighings by Health Visitors .. .. ..	..	71,347 (74,106)

The figures given in brackets are the corresponding figures for 1953 and it will be seen that although the number of child welfare centres has been increased by five, the numbers of mothers and children attending and also the number of attendances has decreased. The fall in the birth-rate over the past few years is of course responsible to some extent for this decrease.

Individual Child Welfare Centres. Average Attendances per Meeting

Centre	Year 1953		Year 1954	
	Mothers	Children	Mothers	Children
Anstey	31.6	33.0	30.0	30.7
Asfordby	37.7	46.3	40.3	41.2
Ashby-de-la-Zouch	34.5	36.2	34.8	35.8
Bagworth	18.2	20.5	17.8	18.3
Barlestoke	27.3	33.1	16.5	19.5
Barrow-upon-Soar	21.4	23.9	16.1	18.3
Barwell	34.7	36.4	31.6	34.6
Birstall	52.4	57.1	56.4	60.3
Blaby	28.1	32.5	30.2	33.5
Bottesford	11.0	11.5	10.2	10.8
Braunstone	54.0	55.0	42.6	43.2
Broughton Astley	22.5	25.0	24.5	28.2
Burbage	44.3	46.8	37.5	40.8
Castle Donington	24.0	28.9	19.0	24.9
Claybrooke Magna	16.2	19.0	21.0	25.7
Coalville	39.4	41.4	35.0	36.7
Cosby	27.8	28.4	22.6	24.7
Countesthorpe (opened 28.1.54)	—	—	35.4	40.3
Croft (opened 2.6.54)	..	—	23.1	31.7
Desford	35.6	40.9	34.9	40.0
Donisthorpe and Moira ..	32.5	33.7	20.5	21.0
Earl Shilton	30.1	31.4	20.2	20.8
Earl Shilton (The Cedars) (opened 5.5.54)	—	—	22.3	22.5
Ellistown	22.7	23.4	23.8	24.5
Enderby	30.3	35.1	40.7	47.0
Glenfield	42.8	47.9	40.9	46.1
Groby	18.0	19.6	14.8	15.6
Hathern	18.3	18.7	21.3	23.5
Hinckley	53.6	55.6	47.1	49.9
Houghton-on-the-Hill ..	25.9	31.6	24.1	27.1
Hugglescote	17.7	19.6	20.0	21.0
Ibstock	32.7	35.4	30.1	30.8
Kegworth	24.1	27.8	17.8	21.2
Kibworth	10.2	10.8	11.0	11.4
Leicester Forest East ..	37.8	39.7	26.6	27.2
Long Clawson	13.4	14.0	15.9	16.2
Loughborough	57.4	67.0	54.0	60.9
Lutterworth	42.8	56.0	53.5	67.4
Market Bosworth	17.1	20.6	16.7	18.6
Market Harborough	46.7	49.6	38.9	40.9
Markfield	31.2	35.5	35.7	32.1
Melton Mowbray	70.9	76.8	58.8	63.0

(Table continued on next page)

continued

Centre	Year 1953		Year 1954	
	Mothers	Children	Mothers	Children
Mountsorrel	22.4	23.6	30.8	33.5
Narborough	34.0	38.8	31.8	36.8
Newbold Verdon	27.3	29.3	22.8	26.1
Oadby	26.2	27.4	27.9	28.5
Old Dalby	7.9	10.8	7.2	9.3
Quorn	22.4	28.1	39.1	45.4
Ratby	23.5	24.6	23.9	25.4
Rearsby	18.2	20.7	15.0	18.0
Rothley	35.9	40.8	29.0	34.4
Scraptoft	17.8	18.6	18.6	19.8
Shelthorpe	28.5	36.3	28.0	35.3
Shepshed	51.7	52.6	49.5	50.1
Sileby	62.8	79.9	66.8	81.2
South Wigston	63.9	70.6	49.4	54.6
Stoney Stanton	39.7	47.8	41.6	49.2
Syston	40.5	42.0	40.3	41.8
Thorpe Acre (opened 12.3.54)	—	—	30.6	42.4
Thurcaston	16.4	18.1	15.8	19.1
Thurmaston	38.0	43.5	42.1	48.8
Whetstone	17.8	21.0	17.2	19.1
Whitwick	53.2	55.3	45.0	46.1
Wigston Fields	32.3	39.5	35.9	37.6
Wigston Magna	66.5	73.7	32.3	34.6
Woodhouse Eaves	31.9	33.7	22.0	24.3
Wymeswold (opened 14.9.54)	—	—	20.4	24.7

Note : The centre at Old Dalby is purely a "weighing centre" run by the Health Visitor for the district.

Since November, 1950, the Ambulance Service has been providing transport for mothers and young children to and from welfare centres in certain rural areas. Requests for the provision of transport in new areas are continually being received, and as the Ambulance Service cannot undertake any additional work with its existing vehicles it has been necessary to give further consideration to the whole question of transport to and from child welfare centres in rural areas. The Council has decided to purchase a special vehicle which will be manned by the ambulance service, and which in addition to its special use for welfare centres will be used to transport defectives to Occupation Centres, thus enabling some hired transport for the Mental Health Service to be dispensed with. It is hoped to take delivery of this vehicle sometime in 1955.

The Domiciliary Care of Premature Infants

To provide for the domiciliary care of premature infants, special equipment is available on loan from the Council. During the year this equipment was loaned for the nursing of 22 premature infants which included three sets of twins. Included in the total of 22 infants was one who had been discharged from a private nursing home.

At the end of the year there were nine specially-trained midwives available for the care of premature infants.

Premature Births

All premature births born at home or in a maternity home are referred immediately to the Health Visitors so that any necessary advice may be given or special treatment arranged.

The following is a record of cases during the year—all figures refer to notified births after correction for transfers :

1. Number of Premature Live births notified :

(a) In hospital	..	..	..	..	190
(b) At home	..	..	..	..	91
(c) In private nursing homes			..	..	25
Total	..	..	..	..	306
					—

2. Number of Premature Stillbirths notified :

(a) In hospital	..	..	..	..	64
(b) At home	..	..	..	..	20
(c) In private nursing homes			..	..	4
Total	..	..	..	..	88
					—

PREMATURE
STILLBIRTHS

PREMATURE LIVE BIRTHS

Weight at birth	†Born in Hospital	Born at home and transferred to hospital on or before 28th day						Born in nursing home and transferred to hospital on or before 28th day					
		Born at home and nursed entirely at home			Born in nursing home and nursed entirely there			Born in hospital			Born in nursing home		
		Died within 24 hrs. of birth	Total	Survived 28 days	Died within 24 hrs. of birth	Total	Survived 28 days	Died within 24 hrs. of birth	Total	Survived 28 days	Died within 24 hrs. of birth	Total	Survived 28 days
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
(a) 3 lb. 4 oz. or less (1,500 gms. or less)	28	12	3	4	4	—	7	4	—	1	—	1	—
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500–2,000 gms.)	47	6	36	4	1	3	8	—	7	7	1	4	1
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000–2,250 gms.)	35	1	32	9	—	9	2	—	2	—	2	—	2
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250–2,500 gms.)	80	1	76	54	2	52	3	—	2	14	—	12	—
Totals ..	190	20	147	71	7	64	20	4	9	24	1	19	1
													4

†The group under this heading will include cases which may be born in one hospital and transferred to another

The Care of Illegitimate Children

A special record is kept of such children, practically all of whom are brought to notice through the notification of births. Cases that are obviously deprived and in need of care and attention are referred immediately to the Children's Officer. Other cases of difficulty are referred to the Leicester Diocesan Moral Welfare Association for visits by their Welfare Officer. The County Council makes an annual grant to this Association for these services.

Details of illegitimacy rates for the past twenty years are given in the following table and it is pleasing to note that it is falling steadily from the high level of the war years :

Year	Total live births	Illegitimate live births	Illegitimacy percentage of total live births
1935 ..	4,298	124	2.88
1936 ..	4,419	134	3.03
1937 ..	4,488	150	3.34
1938 ..	4,633	126	2.72
1939 ..	4,620	152	3.30
1940 ..	5,174	158	3.34
1941 ..	5,299	198	4.12
1942 ..	5,508	240	4.36
1943 ..	6,102	320	5.24
1944 ..	6,536	385	5.89
1945 ..	5,783	532	9.20
1946 ..	6,563	383	5.84
1947 ..	6,948	324	4.66
1948 ..	6,363	297	4.66
1949 ..	5,936	226	3.81
1950 ..	5,624	209	3.71
1951 ..	5,567	198	3.56
1952 ..	5,463	213	3.90
1953 ..	5,422	188	3.46
1954 ..	5,145	169	3.28

Unmarried Mothers and their Children

Under the agreement with the St. Saviour's Diocesan Maternity Home, Kingsthorpe, Northampton, 15 unmarried mothers were admitted from this County.

A further six unmarried mothers were however sent to the following homes :

Lyncroft House, Birmingham ..	..	..	1
St. Martin's Home, Hereford ..	..	..	4
Borrowash House, Borrowash, Derby ..	..	..	1

Eye Treatment

Children under the age of five years requiring eye treatment are referred to the School Medical Department and prescriptions are dealt with by arrangements with the Sheffield Regional Hospital Board.

Day Nurseries

Details of attendances at the Day Nurseries are as follows :

	Hinckley	Lough-borough	Market H'boro'	South Wigston	Syston	Totals
No. of approved places:						
0—2 years ..	15	15	9	9	10	58
2—5 years ..	25	35	16	16	20	112
No. of children on register, 31st Dec., 1954 :						
0—2 years ..	11	11	9	9	12	52
2—5 years ..	29	37	17	17	23	123
Average daily attendances :						
0—2 years ..	12	12	8	7	9	48
2—5 years ..	26	32	14	16	19	107

Maternity Outfits

During the year 2,378 maternity outfits for use at domiciliary confinements were issued from the central office and other depots throughout the county. A suitable antiseptic is also supplied with each maternity outfit.

Birth Control

During the year 110 cases were referred to the Leicester City Birth Control Clinic.

Deafness in Young Children

In March, 1954, the question of establishing a county clinic or clinics was considered. There were then four Health Visitors undertaking the testing in conjunction with the City of Leicester Deaf Clinic for Young Children and it was felt that at least six more Health Visitors should be trained for screening tests before there could be any development of this work. These further six Health Visitors would provide five pairs of workers in all, able to ascertain the incidence of deafness in young children in the County, one pair of whom would be trained to give guidance as well.

In July, Dr. Campbell, Senior Assistant County Medical Officer, attended a course arranged by the British Council on "The Education and Rehabilitation of the Deaf and Hard of Hearing", and I give below extracts from her report :

"The course co-ordinated the treatment of deafness in childhood and consisted of lectures and demonstrations at the Manchester University, with visits to day schools, residential schools and nurseries over a very wide area. Part of the course was held at Oxford, where a morning was spent in the Department of Oto-Laryngology and for the medical members a special session was held at the Department of Oto-Laryngology at Manchester.

"Throughout the course, the emphasis was laid again and again on two essentials : first, *early* ascertainment of deafness, i.e. in children from a year upwards, and second, close co-operation with oto-laryngologists.

"Wherever a child's hearing can benefit by surgical care, treatment is carried out. The aim of all teachers of the deaf is to produce a talking child who, if profoundly deaf, can lip-read, understand speech and think verbally, or who if partially deaf can lip-read and use a hearing aid. The earlier a child receives care, the greater is his chance of success. The non-deaf think in words, and if a deaf child has no comprehension of words his mental development is seriously arrested.

"Amongst the most interesting of the lectures and demonstrations were those devoted to testing the hearing of babies and very young children. Of children admitted at the age of five to schools for the deaf, 30% have been born deaf, whilst 70% have become deaf before reaching their second year. Children who have learned to speak before three and then become deaf, very soon become dumb unless speech is quickly conserved. The hearing tests for very young children differ from those used at the five-year level upwards, when audiometers may be used successfully. They are carefully graded according to the child's age and it has been found that from the second year speech is the best method of testing hearing. Before that, stimuli are usually 'personal sounds' to which the baby is accustomed. Tests are divided into two kinds—'Screening tests' to discover deafness and tests to discover the amount of residual hearing to find the best methods of teaching speech comprehension. It was stated that screening tests may be carried out successfully at Child Welfare Clinics, and that Health Visitors with their knowledge of handling babies are ideally suited to undertake this work. They must work in pairs, one to distract the baby, and the other to introduce the stimulus, and they can be quickly trained.

"Once a young child is discovered to be deaf, the cause of deafness and amount of residual hearing is ascertained and an assessment of the child's general ability and skills made—i.e. age of walking, sitting up, etc. The attitude of the parents to their child and his deafness is noted and the family background. Great stress is laid upon the 'oral approach' in teaching. Parents are asked do they want a talking child, if so, they must not use a sign language to the child and the parents are guided to a proper approach to lip reading in natural circumstances. Hearing aids, where appropriate, are now introduced

at a very early age—from about 15 months upwards and every child who can benefit by a hearing aid should come to enjoy its use—for a deaf child to be able to hear his own voice provides the greatest incentive for his co-operation. Lip reading is not taught formally in Manchester under the age of three although some children under two can begin to lip read without any lessons. Parents are taught that when trying to make deaf children understand the meaning of words they must make the situation clear to the child—for example, if bathing a doll the mother should say ‘Give me the soap’, ‘Give me the face cloth’, speaking the words clearly, but not mouthing, and connecting the meaning with her eyes, but *not* with hand gestures. The child is allowed to make gestures freely and the mother should respond by giving him the words his gestures indicate. This is called situational guidance and the parents require a great deal of expert help. It is in this field that Health Visitors can be trained to give the necessary advice to the parents.

“As soon as the child starts spontaneous lip reading through such active methods, a vocabulary useful to him is deliberately introduced. A child is called ‘Articulation Ready’ when he is ready to have inaccurate spontaneous expressions trained into more perfect speech. The aim is to get the child talking spontaneously, giving him the widest possible vocabulary and helping him whenever the opportunity occurs by giving him the full sentence back.

“I have dwelt much longer on this period than any later stage in speech training because so much can be done through the Maternity and Child Welfare Services at this vital stage. Health Visitors, however, require a good deal of training themselves before they can attempt to guide”.

Welfare Foods

On 8th April, 1954, Ministry of Health Circular No. 10/54 (dated 7th April) was received which stated that on the closing down of the local offices of the Ministry of Food which was to be expected at about the end of June, local health authorities should undertake the distribution of welfare foods under Section 22 of the National Health Service Act, 1946. Authorities were advised to modify their proposals under the Act with an appropriate form of wording, as follows :

“The Council propose, as part of their arrangements under Section 22, to distribute welfare foods supplied by the Ministry of Food, which are included in the National Welfare Foods Scheme ; and to purchase and distribute other welfare foods where the welfare of expectant and nursing mothers or young children so requires”.

Local health authorities were, at the same time, advised to make immediate plans to take over local distribution arrangements by the end of June without waiting for formal approval of the modified proposals of the Scheme under Section 22 of the Act.

Ministry of Food Arrangements

Items of welfare foods for distribution were as follows :

Orange juice .. .. .. ..	.. 5d. per bottle
National dried milk (full cream and half cream) ..	.. 10½d. per tin
Cod liver oil in bottles .. .. ..	.. Free
Vitamin A and D tablets in cellophane packages ..	.. Free

These were supplied for expectant and nursing mothers and children on production at the distribution point of valid coupons in ration book, payment for orange juice and dried milk being made by affixing postage stamps to the appropriate coupons.

The main distribution points were as follows :

Leicester Food Office	14 Stamford Street, Leicester
Ministry of Labour and National Service ..	13 Nottingham Street, Melton Mowbray
Ministry of Labour and National Service ..	Whitwick Road, Coalville
Ministry of Labour and National Service ..	Park House, Leicester Road, Market Harborough
Ministry of Pensions and National Insurance	89 Market Street, Ashby-de-la-Zouch
Ministry of Labour and National Service ..	1 Cradock Street, Loughborough
Ministry of Labour and National Service ..	Holliers Walk, Hinckley
Ministry of Labour and National Service ..	The Hill, Lutterworth

The above offices administered areas around them which were not necessarily related to local government boundaries. Leicester office had a bulk store in Gipsy Lane and the other "agency" offices had their own storage accommodation on the premises. They all ordered supplies of welfare foods for the smaller distribution points in their areas (totalling about 140), and were responsible for the central accounting. Deliveries of stocks were made from Ministry of Food depots at Northampton, Derby, Newark and Peterborough by a large transport firm under contact with the Ministry.

Plans for taking over the Service

Ministry of Health Circular No. 10/54 required local health authorities to find premises and staff alternative to those provided by the Ministry of Food. This was done as shown below and it was decided to employ sessional staff to replace those employed by or on behalf of the Ministry of Food so as to ensure that there should be no break in the service to the public.

Place		Address	Remarks
Coalville ..	..	Ambulance Station	
Hinckley ..	..	Home Help Office	
Loughborough ..		Home Help Office	
Market Harborough		Home Help Office	
Melton Mowbray ..		Home Help Office	
Ashby-de-la-Zouch		R.D.C. Council Offices	The Ashby R.D.C. very kindly agreed to undertake this duty until other arrangements could be made.
Lutterworth ..	..	R.D.C. Council Offices	The Lutterworth R.D.C. very kindly agreed to undertake this duty without any specific conditions.

As the storage accommodation at the above premises was very limited, it was decided to establish a central store. After inspecting many premises in City and County, all of which were found to be unsuitable and in many cases extremely expensive, permission was obtained from the Civil Defence Committee to use four existing Nissen type huts on their Enderby site. A storekeeper/driver was appointed and a 10-cwt. delivery van purchased to keep the larger distribution points supplied, to deal with emergencies, and for any other work as required. A supplementary store was also established at the Melton Mowbray Memorial Hospital which has proved useful at times in supplying emergency stocks in the surrounding rural areas.

In order to provide for county residents obtaining their supplies in the city, distribution points were set up in the Department at 17 Friar Lane and 8 St. Martin's. These are looked after by members of the clerical staff and involve little or no extra cost to the service.

The whole of the accounting work was centralised in the Health Department, and four lady clerks recommended from the Leicester Food Office were appointed to this work and to undertake relief distributing in the absence of regular distributors.

In making these "take-over" arrangements, it was recognised at the time that they could only be provisional and would need subsequent amendment both to improve the service and to reduce the cost. However, when it is realised that these provisional arrangements were only completed two days before the agreed "appointed day" (June 28th, 1954) it must be acknowledged that time was then the most important factor.

Changes in the Service since the Appointed Day

As much of the information supplied by the Ministry of Food was not applicable to the planning of a scheme for the administrative county, records of the numbers of people attending the larger distribution points have been

built up to provide an accurate assessment of the public's needs and to enable economies in the employment of sessional staff. The following shows changes that have been brought about largely as a result of this information.

Ashby-de-la-Zouch Distribution Point

Members of the Infant Welfare Centre voluntary helpers have offered to run this point which has accordingly been transferred from the Ashby R.D.C. Offices to the welfare centre premises.

Coalville Distribution Point

The W.V.S. have kindly undertaken responsibility for this point which has been transferred from the Coalville Ambulance Station to the W.V.S. Offices in High Street. This has dispensed with the services of one whole-time equivalent sessional staff.

Hinckley Distribution Point (Home Help Office)

The services of sessional staff have been reduced from two whole-time equivalent to one on afternoons and Saturday mornings, other times being catered for by the Home Help staff.

Market Harborough Distribution Point (Home Help Office)

The services of one sessional staff have been reduced from full-time to between two and three sessions per week according to requirements, other times being catered for by the Home Help staff.

Loughborough Distribution Point (Home Help Office)

Sessions have been reduced to afternoons and Saturday mornings only, thereby reducing the sessional work from two to approximately one whole-time equivalent. As from the beginning of December the number of sessional staff was reduced to one at each session, or approximately one-half equivalent.

Melton Mowbray Distribution Point (Home Help Office)

The services of two sessional clerks have been reduced to one full-time equivalent. (From 14th January, 1955, this point is being transferred to the W.V.S. Offices.)

Note : In the first place eight full-time equivalent sessional staff were employed on distributing which was previously done by Ministry of Food employees, amounting to an equivalent of at least 8½.

This has now been reduced in total to 26 sessions per week representing a whole-time equivalent of two and four-elevenths. In terms of finance this is an approximate reduction from £2,300 per annum to £700 per annum as at 31st December, 1954.

Other Distributing Points

Requests to discontinue have been received from a few of the smaller points owing to the small local demand and other convenient sources of supplies, and in the circumstances the following points have closed down:

Appleby Magna, Peckleton, Snarestone, Swannington.

Requests have been received from volunteers to open new points and this has been done at the following places:

Barton-in-the-Beans, Wymeswold, Stanton-under-Bardon.

Enderby Bulk Store

As it was found that the unloading of supplies from the Ministry of Food lorry involved too much assistance from the office with consequent disorganisation of other work, a gravity roller conveyor has been installed and the storekeeper/driver can now manage quite well without assistance. (Incidentally the appointment of storekeeper/driver has been a most useful one, and a real help to the Department generally.)

End of Rationing

As from the end of October books of tokens were introduced to replace the system of ration books, such books of tokens being issued by the Ministry of Pensions and National Insurance or other Ministry Departments acting as agents.

Remarks

It is gratifying to be able to report that the distribution of welfare foods was taken over from the Ministry of Food under such difficult circumstances, and adapted to the pattern of the administrative county with no break in the service to the public. This service must now be regarded as an integral part of the maternity and child welfare services under Section 22 of the National Health Service Act, 1946. It will need maintaining and improving where opportunity arises, and in this connection I am pleased to report that the Women's Voluntary Services have promised still more help in the near future. The greater burden falls on all voluntary workers and every effort must be made to maintain their interest.

In reviewing all that has been done, perhaps the greatest feature has been the help that has been received by the Department from all concerned in any way with the scheme and this has demonstrated that local government can meet an emergency when required. Finally, I must record the indebtedness of the Department to the Committee who have given their support and encouragement during a time of great stress and difficulty.

Furniture and Equipment

A small but irritating feature of the transfer of functions was that the Ministry of Works demanded payment for a certain amount of furniture and equipment used in this work and offered to the County Council. The Health Committee, who had seen their valuable hospitals, completely equipped handed over to the Ministry of Health in 1948 without any recompense, did not view this kindly. Despite the efforts of the County Council's Association this payment had to be made.

SECTION 23

Midwifery

The county is covered for midwifery purposes by a small number of whole-time midwives employed by the County Council and by a larger number of nurse-midwives employed by the Leicestershire County Nursing Association under agency arrangements.

Number of Midwives Practising

The number of midwives who notified their intention to practise increased from 155 in 1953 to 159 in the current year.

	Number of Midwives practising in the area of the Local Supervising Authority at end of year		
	Domiciliary Midwives	Midwives in Institutions	Total
(a) Midwives employed by the Authority	13	—	13
(b) Midwives employed by Voluntary Organisations :			
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	84	—	84
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	2	—	2
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act :			
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	—	—	—
(ii) Otherwise	—	37	37
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes)	12	11	23
Totals	111	48	159

Number of cases attended

The following table gives details of cases attended by midwives during the year :

NUMBER OF DELIVERIES ATTENDED BY MIDWIVES IN THE AREA DURING THE YEAR						
Domiciliary Cases						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Doctor not booked	Doctor not present at time of delivery of child	Doctor present at time of delivery of child	Doctor not present at time of delivery of child (either the booked Doctor or another)	Doctor booked	Doctor not present at time of delivery of child	Cases in Institutions
(a) Midwives employed by the Authority ..	4	302	129	244	679	—
(b) Midwives employed by Voluntary Organisations :						
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946 ..	31	582	377	567	1,557	—
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	1	4	8	13	—
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	—	—	—	1,254
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes)	5	2	10	24	41	438
Totals	40	887	520	843	2,290	1,692

Administration of Analgesics

Of the 97 midwives employed either by the County Council or the County Nursing Association, 94 were qualified to administer analgesics during labour. During the year, 1,695 domiciliary cases were attended by these midwives (acting as midwives, not as maternity nurses), and of these cases 959 received analgesia.

The table below gives full details of this particular branch of the service for the year 1954 :

	Number of domiciliary midwives practising in the area at end of year who were qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board	Number of sets of apparatus for the administration of gas and air in use at end of year	Number of cases in which gas and air was administered by midwives in <u>domiciliary</u> practice during the year :		Number of cases in which pethidine was administered by midwives in <u>domiciliary</u> practice during the year :
			When doctor was present at time of delivery of child	When doctor was not present at time of delivery of child	
(1)	(2)	(3)	(4)	(5)	(6)
(a) Domiciliary Midwives employed directly by Local Health Authority	13	14	420	79	136
(b) Domiciliary Midwives employed under Section 23 by voluntary organisations as agents of Local Health Authority .. .	81	78	539	154	216
(c) Domiciliary Midwives employed under Section 23 by hospital authorities as agents of Local Health Authority .. .	—	—	—	—	—
(d) Domiciliary Midwives in private practice or employed by organisa- tions not acting as agents of Local Authority .. .	2	1	—	4	4
Totals .. .	96	93	959	237	356
					148

Notifications received from Midwives

The following returns were received from county midwives during the year :

Requests for medical aid ..	..	..	321
Liability of a midwife to be a source of infection	..	..	48
Midwife having "laid out the dead"	..	..	47
Death of mother or child : mother	..	..	—
child ..	..	..	24
The occurrence of a stillbirth	..	..	49
The commencement of artificial feeding	..	..	257

The requests for medical aid are fully detailed in the following table :

Mother—Pregnancy and Labour		Mother—Lying-in Period	
Abortion ..	..	6	Breast condition 7
Albuminuria ..	..	2	General condition 3
Ante-Partum Hæmorrhage ..	..	6	Hæmorrhage 1
Episiotomy ..	..	3	Leg pain 2
Fœtal distress ..	..	1	Œdema 1
Hypertension ..	..	1	Pain in chest 1
Malpresentation ..	..	10	Pyrexia 18
Miscarriage ..	..	4	
Multiple pregnancy ..	..	1	
Obstetric shock ..	..	1	
Post-partum hæmorrhage ..	..	13	
Premature labour ..	..	3	
Prolonged labour ..	..	42	
Retained placenta ..	..	9	
Ruptured perineum ..	..	121	
Vaginal laceration ..	..	4	

Baby

Asphyxia ..	..	2	General condition 13
B.B.A. ..	..	1	Jaundice 2
Blood in Stools ..	..	2	Prematurity 7
Chest condition ..	..	2	Skin condition 4
Cyanosis ..	..	6	Stillbirth 1
Deformity ..	..	4	Vomiting 3
Eye condition ..	..	9	

Infectious Diseases (Midwifery)

Notifications received during the year are set out in the following table :

	Ophthalmia Neonatorum		Pemphigus Neonatorum		Puerperal Pyrexia	
	Domi- ciliary confine- ments	Institu- tional confine- ments	Domi- ciliary confine- ments	Institu- tional confine- ments	Domi- ciliary confine- ments	Institu- tional confine- ments
No. of cases notified during the year ..	1	-	-	-	10	5
Number of cases re- moved to hospitals	-	-	-	-	-	-

Inspection of Midwives

Non-medical inspection of midwives is carried out by three officers of the Leicestershire County Nursing Association. The following is the record of routine and special inspections made during the year :

	Nurse Midwives	County Council Midwives	Independent Midwives
Number of routine inspections ..	297	40	34
Number of special inspections ..	16	1	-

Transport for Midwives

The supply position has so greatly eased that several midwives have expressed a desire to purchase their own cars and it has been found necessary to make a ruling that at least six months' notice, in writing, must be given by midwives wishing to surrender a car provided by the County Council. The majority of midwives and nurses in the county have now been provided with motor cars. All vehicles owned by the County Council and the County Nursing Association are serviced by the County Ambulance Service mechanics.

At the time of writing this report, the following is the position regarding the disposition of motor cars and auto-cycles.

	County Council Cars	County Nursing Association Cars	Private Cars	Auto-Cycles and Motor Assisted Cycles
County Council Midwives	5	-	6	-
C.N.A. Admin. Staff	1	1	2	-
Nurse/Midwives and Nurses	55	2	21	2
Spare Cars ..	2	-	-	-
	63	3	29	2

Post-Graduate Courses

In previous years arrangements were made for 12 midwives employed either by the County Council or the County Nursing Association to attend post-graduate courses. In 1954, in order that all midwives should attend a refresher course every five years, it was decided to increase this number to 16.

Houses for District Nurses and Midwives

Reference was made in last year's report to this problem, and the present state of affairs is shown below :

Houses owned by the County Council (including flats) ..	3
Houses owned by County Nursing Association ..	10
Houses owned by District Nursing Associations ..	10
Houses owned by nurse/midwives	9
Council houses rented to County Nursing Association or County Council	7
Council houses rented direct to nurse/midwives	32
Other houses rented to County Nursing Association or District Nursing Associations	9
Privately-owned houses rented to nurses	19
Furnished rooms, etc.	8
Caravans owned by nurse/midwives	2
	109

SECTION 24

Health Visiting

The following is a statistical record of the main duties only of the Health Visiting Staff during 1954 :

Children under 1 year of age :

First visits	5,841
Total visits	42,085

Children age 1 and under 2 years :

Total visits	22,494
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Children age 2 but under 5 years :

Total visits	53,255
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Number of children under 5 years visited during the

year	24,583
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Expectant mothers :

First visits	1,200
Total visits	2,406

Tuberculous households :

Total visits	1,252
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Visits re :

Stillbirths	126
Illegitimate children	1,487
Premature infants	2,400
Post-natal cases ..	..	..	..	..	828
Maternity cases for admission to hospital ..	..	..	..	..	906
Chronic sick cases ..	..	..	..	..	655
Immunisation ..	..	..	..	..	2,804
Vaccination ..	..	..	..	..	599
Tuberculosis ..	..	..	..	..	4,755
Diabetic cases	1,061
Miscellaneous	1,296

Total number of households visited	22,575
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Attendances at :

Infant Welfare Centres	2,174
Ante-natal Clinics	176
Chest Clinics	833
Diabetic Clinics ..	..	..	..	..	87

Staff Establishment

The authorised establishment for Health Visitors is 43 and at the end of the year, the working staff consisted of the Superintendent and her Deputy and 37 Health Visitors. The latter figure included one Health Visitor devoting

the whole of her time to Diabetics and one dealing solely with Health Education.

Training of Health Visitors

Two student health visitors completed the training course held by the City of Leicester Health Department and on passing the final examination were appointed to the County Health Visiting staff.

Post-Graduate Courses

The Deputy Superintendent Health Visitor and one Health Visitor attended a course on Tuberculosis held by the Tuberculosis Educational Institute at Bristol. A further two health visitors attended a course arranged by the Women Public Health Officers' Association in London.

Investigation of applications for admission to maternity accommodation

This year there has been a slight decrease in the number of cases investigated by the health visiting staff; 796 as compared with 836 in 1953. Cases recommended for admission to a maternity hospital totalled 682 as compared with 708 in 1953.

Investigation of applications for Chronic Sick accommodation

The number of cases continues to rise slightly each year and has now reached 333, each case requiring at least two visits by members of the health visiting staff.

The Changing Work of the Health Visitor

The Health Visitor is becoming more and more the family adviser, and not only the "children's nurse". In addition to visiting the children under five years, running the Infant Welfare Centres, attending to the health of the school child and the tuberculous, she is being used increasingly for the prevention of breakdown in the homes. Where a crisis is threatened, the Health Visitor is appealed to for the help and guidance she is so qualified to give. Problem families are, unfortunately, always with us, and need frequent visits.

The mother with a difficult child—maybe a potential delinquent—wants to discuss her trouble with someone, and who better than the Health Visitor she knows so well, and who has known the child from babyhood. These visits take time, patience, and skill, but are very rewarding.

Where an elderly person is unable to continue living alone, the Health Visitor gives time to visiting the relatives and neighbours to discuss the best

possible solution—to find out how much time they are able to give, and how much is needed by others, e.g. the District Nurse or Home Help. Perhaps a month or so in hospital with rest and good food would put health and vitality into the patient again, and enable her then to continue in her own home. It may be that some need to be recommended for the Old People's Home, or Chronic Sick Hospital, but even then, help is usually needed before a bed can be obtained, and the Health Visitor keeps in touch. Should the patient go to hospital, there is sometimes one last job for the Health Visitor—to find a home for the cat or bird necessarily left behind.

Much time must also be given to visiting tuberculous patients. It may be some months before active work can be resumed by these patients, and there is need to keep alive their interest in life. This the Health Visitor tries to do by cheerful visiting, and suggestions as to suitable activity to help pass the time.

And so the visiting of children needs to become selective. First visits must be made to new mothers ; those with premature babies often need frequent visits and persuasion is still needed in some homes to get the children immunised or vaccinated. Apart from these, visits to normal children in good homes must be diminished, in order to leave time for this newer and more urgent work, which has been added to the curriculum of the Health Visitor in recent years. While this is essential, it is important not to neglect the routine but necessary "health education" which is carried out by the Health Visitor in all her contacts.

A most important task of the Health Visitor is co-operation with the various people whose work touches hers, especially the general practitioner. In the past there has been too little contact between the Health Visitor and the general practitioner, and this has undoubtedly been a weakness of the service. Recent attempts to remedy this defect appear to show some success.

SECTION 25

Home Nursing

The following tables give details of Home Nursing staff and work carried out by them during 1954. All the nurses are employees of the Leicestershire County Nursing Association acting as agents on behalf of the County Council.

Administrative and Supervisory Nursing Staff		State Registered Nurses (S.R.N., R.S.C.N., and R.F.N.)				Enrolled Assistant Nurses				Student Home Nurses			
		Whole-time (2)	Part-time (3)	Equiv. Whole-time of (3) (4)	Whole-time* (5)	Part-time* (6)	Equiv. Whole-time of (6)* (7)	Whole-time* (8)	Part-time* (9)	Equiv. Whole-time of (9)* (10)	Whole-time* (11)	Part-time* (12)	Equiv. Whole-time* (13)
(a) L.H.A.	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Vol. Org.	—	—	3	1 $\frac{7}{8}$	19	48	30	1	36	22 $\frac{1}{2}$	—	—	—
					4								

*Male nurses should be included and also shown separately in the boxes

Medical	Surgical	Infectious Diseases	Tuber-culosis	Maternal Complications	Others	Totals		Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year (9)	Children included in (2)-(7) who were under 5 at the time of the first visit during the year (10)	Patients included in (2)-(7) who have had more than 24 visits during the year (11)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
Number of cases attended by Home Nurses during the year: (a) L.H.A. . .	—	—	—	—	—	—	—	—	—	—	
(b) Vol. Org. under arrangements with the Authority . .	6,653	3,378	8	181	63	1,083	11,366	4,305	772	1,867	
Number of visits paid by Home Nurses during the year: (c) L.H.A. . .	—	—	—	—	—	—	—	—	—	—	
(d) Vol. Org. under arrangements with the Authority . .	145,020	45,799	160	7,034	656	16,878	215,547	87,692	4,600	112,874	

SECTION 26

Vaccination against Smallpox and Immunisation against Diphtheria

Vaccination against Smallpox

In last year's report I noted that the number of vaccinations carried out made it apparent that parents are not sufficiently interested to have their children vaccinated against smallpox. Although this year the number of vaccinations carried out for children under the age of 15, has increased by over 300, with an increase in the number of re-vaccinations, the number of children vaccinated is still far too small.

The following table, based on certificates received from general practitioners during the year, shows the number of vaccinations carried out :

Age at 31st December, 1954 i.e. born in the year	Under 1	1—	2 to 4	5 to 14	15 or over	Total
	1954	1953	1950-52	1940-49	Before 1940	
Number vaccinated ..	596	499	106	85	236	1,522
Number re-vaccinated ..	—	—	12	40	444	496

Immunisation against Diphtheria

During the year under review there were 4,108 primary immunisations and 3,168 booster doses as against 3,500 primary immunisations and 3,306 booster doses in 1953.

Although the number of primary immunisations has risen quite considerably it is still below the figure of 4,201 which was recorded for 1952.

There was only one "original" notification of diphtheria during the year and this was not confirmed. There has been no confirmed case of diphtheria in the county for the past four years, a state of affairs which would have appeared quite incredible before the adoption of immunisation.

A special "immunisation week" was held in Hinckley in November, 1954, when the benefits of immunisation against diphtheria were brought before the public by every available means. Our thanks are due to cinema proprietors, shopkeepers and the many other people who assisted. Although the campaign had some immediate effect on the number of children immunised, this effect was small and short-lived. It appears that personal efforts by general practitioners and nurses, especially health visitors, although unspectacular, probably represent the best method of propaganda.

Number of children at 31st December, 1954, who had completed a course of immunisation since 1st January, 1940

	Under 1	1	2	3	4	5—9	10—14	Total Under 15
Age at 31st December, 1954 i.e., born in the year ..	1954	1953	1952	1951	1950	1945—1949	1940—1944	
Number immunised ..								
Estimated mid-year child population 1954 ..	311	3,164	3,434	3,816	3,882	22,492	21,838	58,937
CHILDREN UNDER FIVE 27,300								
CHILDREN 5—14 54,700								
TOTAL 82,000								

Number of children who were immunised during the period 1st January to 31st December, 1954

Age at 31st Dec-ember, 1954, i.e., born in year	Under 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Totals
Primary Immunisation	311	2,872	563	90	64	106	37	18	6	7	5	7	12	5	5	4,108
Booster Injection	—	—	—	2	140	2,371	408	143	46	16	12	14	5	5	6	3,168

SECTION 27

Ambulance Service

In August, 1954, officers of the Ministry of Health carried out a local survey of the Council's organisation of the ambulance service and the demands made on it by the hospitals. The Minister asked for a description of the organisation of the service, including operational arrangements for receiving calls and despatching vehicles and also details of arrangements made with other local health authorities for co-operation and mutual aid. I think it might be appropriate to include this section of the statement which outlines the ambulance service from the coming into force of the National Health Service Act to date.

"In July, 1948, the County Council undertook the responsibility of providing directly the ambulance service in part of the County. The Leicester and County Convalescent Homes Society and the St. John Ambulance Brigade, by agreement, undertook to deal with the remainder of the County.

"Appropriate arrangements were made with neighbouring authorities in order to overcome boundary difficulties, and part of Northamptonshire is served by Leicestershire on an agency basis.

"In April, 1950, the service provided by the Leicester and County Convalescent Homes Society was taken over, and in July, 1950, the St. John Ambulance Brigade, which had acted as agents for the County Council for a large part of the Authority's area, ceased to do so. The garage and vehicles of the Convalescent Homes Society were bought at valuation, and from 5th July, 1950, the ambulance service for the whole of the County was provided directly by the County Council with two stations at Leicester, and one each at the following places :

Coalville .. .	Garages previously used in connection with a Civil Defence depot and rented from the U.D.C.
Hinckley .. .	Hired premises (on a temporary basis).
Loughborough ..	House purchased by County Council and converted with living quarters.
Lutterworth ..	Garage rented from St. John Ambulance Brigade.
Market Harborough	Part of a County Homes building adapted.
Melton Mowbray ..	Outbuildings at Regional Hospital Board hospital rented and adapted.

At the end of August, 1950, after twelve months of preparation, a radio system was installed and all ambulances were equipped to carry on a two-way conversation with the Controller at the ambulance headquarters in Leicester. Messages are picked up and transmitted by an automatic station at Copt Oak

and carried by telephone line to Leicester. The radio system is now an indispensable part of the ambulance service and a much more efficient service, especially for emergency cases, is obtained.

"By March, 1952, a new Ambulance Station had been built at Hinckley and was in operation.

"Calls for ambulance transport are received by telephone, letter and voucher. Between 8 a.m. and 8 p.m., these calls are received at all ambulance stations. Between 8 p.m. and 8 a.m. all telephone requests are routed to the ambulance headquarters in Leicester. Ambulances are despatched from the station receiving the call or from Leicester as the occasion demands. As soon as an ambulance leaves its station it comes under the control of the radio operator and remains so until it returns to its own station.

"Reciprocal arrangements have been made with all adjoining local authorities for mutual aid in case of a major disaster or other emergency. Emergency calls are dealt with by the service receiving the call irrespective of local authority boundaries and with one exception, no charge is made for such journeys. Steps are also taken to ensure that the fullest co-operation is maintained with other local authorities to avoid empty journeys and duplication of journeys. Since the appointed day reciprocal arrangements with the City of Leicester Ambulance Service have been obtained and there is no charge on either side for journeys performed, except when a special ambulance is required to convey a premature baby".

The following table gives a comparison of patients carried and miles travelled over the past three years, i.e. 1952-1954.

	Patients carried			Miles travelled		
	Year 1952	Year 1953	Year 1954	Year 1952	Year 1953	Year 1954
5 Ireton Road, Leicester	21,515	29,039	31,360	231,127	260,112	273,703
Avenue Road, Leicester	17,184	16,269	16,007	113,549	104,287	112,563
Avenue Road, Coalville	14,863	17,195	18,685	122,876	132,746	129,894
Ashby Road, Hinckley	11,390	11,950	12,917	92,032	94,868	91,621
44 Forest Road, Loughborough	9,117	10,466	12,364	81,331	83,767	85,885
Leicester Road, Lutterworth	4,119	3,798	4,813	43,886	38,169	38,596
St. Luke's, Market Harborough ..	6,668	8,368	8,549	67,314	73,747	78,779
War Memorial Hospital, Melton Mowbray ..	6,417	6,492	7,222	71,935	77,469	86,088
Totals	91,273	103,577	111,917	824,050	865,165	897,129

It will be seen from this table that the number of miles travelled per patient has steadily decreased : 9.0 in 1952, 8.3 in 1953 and 8.0 in 1954.

The Hospital Car Service which acts as a very useful adjunct to the Ambulance Service, carried a total of 1,732 patients and travelled 26,039 miles, somewhat lower figures to those of 1953.

The number of vehicles in use at 31st December, 1954, was :

Ambulances	..	..	..	26 (including three used for Civil Defence)
Transits	..	..	..	12
Utilecons	..	..	..	3
Sitting Case Cars	..	..	..	2
Stores Van	..	..	..	1
Mortuary Van	..	..	..	1
			—	45
			—	—

The number of personnel employed in the ambulance service as at 31st December, 1954, is as follows :

Driver/Attendants	..	..	72
(including Head Drivers)			
Attendant/Telephonists	..	..	3
Female Attendants	..	..	3
Male Attendant	..	..	1
Part-time Attendants (female)	..	..	5
Mechanics	..	..	4
		—	88
		—	—

SECTION 28

Prevention of Illness, Care and After-Care

After-Care of Patients Discharged from Hospital

Although very few requests are received in respect of after-care for general cases discharged from hospital, there is a great deal of informal consultation between hospital staffs, such as almoners, and the staff of this department, especially the health visiting staff.

Nursing requests are forwarded to the Leicestershire County Nursing Association.

Convalescent Home Treatment

The amendment to the Council's scheme for convalescent home treatment came into force during 1954 and enables payment to be made, in exceptional cases only, of travelling expenses for persons travelling to and from convalescent homes. The expenses were paid in respect of five persons travelling to the Hunstanton Convalescent Home and one person travelling to The Lantern Convalescent Home, Worthing.

Details of patients sent to convalescent homes during the year are given below :

Hunstanton Convalescent Home	22
"Leconfield", Bonchurch, Isle of Wight	10
St. Josephs Convalescent Home, Bournemouth	8
Charnwood Forest Convalescent Home, Woodhouse Eaves	7
Roecliffe Manor, Woodhouse Eaves	3
St. Mary's Convalescent Home, Broadstairs	2
Cropston Holiday Home for Cripples	2
The Lantern Convalescent Home, Worthing	1
Maitland House, Frinton-on-Sea	1
Overstrand Convalescent Home	1
	—
	57
	—

Diabetics

A total of 1,061 visits to diabetics in the county was made by the special Health Visitor who is seconded to the Diabetic Clinic at the Leicester Royal Infirmary.

Health Education

On the whole, the new Health Education service has been well received.

In most areas the mothers have been very keen and enthusiastic, in just one or two, rather apathetic.

During the first few months a rather haphazard way of arranging talks, etc., was used on the "first come, first served" principle, as and when the requests came in. Later, after discussion with the Health Visitors, it was decided to try a new plan. The Health Visitors were asked to say whether they would like to have monthly or quarterly talks, the monthly ones to be a series of three consecutively.

In spite of this better arrangement, the demand for Health Education far exceeds the capacity of one person—time is against her. She can only be in one place at a time, whereas many Infant Welfare Centres would like her services on the same day. This difficulty shows up in the following table :

- 5 Centres asking for monthly talks have had none at all
- 5 Centres asking for monthly talks have had one only
- 5 Centres asking for quarterly talks have had none at all
- 11 Centres asking for quarterly talks have had one only.

Other Centres whose requests came in early have had a series of talks, films or film strips. In all 53 Centres have been visited with a total of 118 visits.

The following summary of work done shows that, although the welfare centre is the main arena for Health Education, many other organisations are showing great interest in this work :

Infant Welfare Centres	..	..	..	118 visits
Ante-Natal Clinics	..	..	..	2 ,,
Schools	..	..	..	1 ,,
Day Nursery Staff and Parents	..	..	..	4 ,,
Student Health Visitors	..	..	..	2 ,,
Craven Lodge (special course)	..	..	..	2 ,,
Parent-Teachers' Association	..	..	..	1 ,,
Women's Institutes	..	..	..	5 ,,
Young Wives' Groups	..	..	..	4 ,,
Women's Fellowships	..	..	..	1 ,,
Co-operative Women's Guild	..	..	..	1 ,,
Co-operative Education Committee	..	..	..	1 ,,
Toc H Women's Branch	..	..	..	1 ,,
Mothers' Union	..	..	..	2 ,,
Youth Fellowship	..	..	..	1 ,,
Acorn Club (Mixed Business Club)	..	..	..	1 ,,
Total audiences of the above	..	..	..	2,802

These figures relate only to the work of the special Health Visitor. In addition, a number of talks are given to such organisations as Women's Institutes by other members of the Health Department staff.

T.B.1—Return showing the work of the Chest Clinics during the year 1954

	Respiratory			Non-Respiratory			Total			Grand Totals
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
A. (1) Number of notified cases of T.B. on clinic registers on 1st JANUARY, 1954 ..	742	617	78	101	110	149	843	727	227	1,797
(2) Transfers from clinics under other H.M.C.'s or B.G.'s during the year ..	39	37	6	5	2	3	44	39	9	92
(3) Cases lost sight of which returned to clinic during the year ..	1	2	—	1	—	1	1	3	—	4
B. Number of NEW CASES diagnosed as tuberculous during the year :										
T.B. MINUS ..	39	45	7	14	17	20	53	62	27	142
T.B. PLUS ..	53	30	1	—	1	2	53	31	3	87
C. Number of cases in A and B written off clinic registers during the year :										
(1) Recovered ..	36	23	3	11	21	13	47	44	16	107
(2) Died (all causes) ..	42	13	—	2	1	—	44	14	—	58
(3) Removed to other H.M.C. or B.G. Clinics ..	25	36	—	1	4	2	26	40	2	68
(4) Other reasons ..	3	5	1	1	—	2	4	5	3	12
D. (1) Number of notified cases of T.B. on clinic registers on 31st DECEMBER, 1954 ..	773	658	79	111	110	146	884	768	225	1,877
(2) Number of above known to have had positive sputum within preceding six months ..	65	24	—	—	—	—	65	24	—	89
E. Number of Contacts first examined during the year : 1954)										
(1) Diagnosed as Tuberculous ..	—	—	—	—	—	—	9	12	2	23
(2) Not Tuberculous ..	—	—	—	—	—	—	187	373	597	1,157
(3) Not determined (as at 31st December, 1954) ..	—	—	—	—	—	—	1	—	1	2
F. Number of patients on clinic register awaiting admission to T.B. Institution ..	3	3	—	—	—	—	3	3	—	6

NOTES.—(1) "Children" means persons under the age of 15. When a case, first diagnosed and placed on the register as a child, reaches 15 it is transferred to the adult register, but is *not* counted as a new case.

(2) As a few cases attend from the County of Rutland, the table does not show the exact position relating to Leicestershire.

T.B.2—Tuberculosis (Respiratory and Other). Notifications, Deaths and Death Rates

Year	Localisation	Number of Notifications			Number of Deaths			Death Rates	
		Urban	Rural	Whole County	Urban	Rural	Whole County	Rural	Whole County
1944 ..	Respiratory	99	74	173	52	61	113	0.36	0.36
	Other ..	42	33	75	24	13	37	0.16	0.12
1945 ..	Respiratory	109	108	217	59	52	111	0.41	0.32
	Other ..	28	39	67	16	16	32	0.11	0.10
1946 ..	Respiratory	94	91	185	48	52	100	0.32	0.36
	Other ..	35	51	86	19	12	31	0.13	0.10
1947 ..	Respiratory	130	100	230	72	52	124	0.47	0.31
	Other ..	40	35	75	16	10	26	0.10	0.10
1948 ..	Respiratory	87	99	186	69	50	119	0.43	0.38
	Other ..	34	44	78	9	14	23	0.06	0.08
1949 ..	Respiratory	131	108	239	58	61	119	0.36	0.35
	Other ..	21	34	55	9	6	15	0.06	0.04
1950 ..	Respiratory	113	103	216	41	46	87	0.25	0.25
	Other ..	26	21	47	5	6	11	0.03	0.03
1951 ..	Respiratory	125	110	245	49	37	86	0.30	0.20
	Other ..	21	36	57	3	6	9	0.02	0.03
1952 ..	Respiratory	109	121	230	37	33	70	0.23	0.18
	Other ..	21	43	64	7	7	14	0.04	0.04
1953 ..	Respiratory	109	92	201	25	32	57	0.15	0.16
	Other ..	27	41	68	—	8	8	0.00	0.02
Average for above ten years ..	Respiratory	111	101	212	51	48	99	0.33	0.27
	Other ..	29	38	67	11	10	21	0.07	0.06
1954 ..	Respiratory	91	95	186	35	20	55	0.21	0.11
	Other ..	19	37	66	2	1	3	0.01	0.005

T.B.3—Tuberculosis, Notifications and Deaths. Showing Age Periods, year 1954

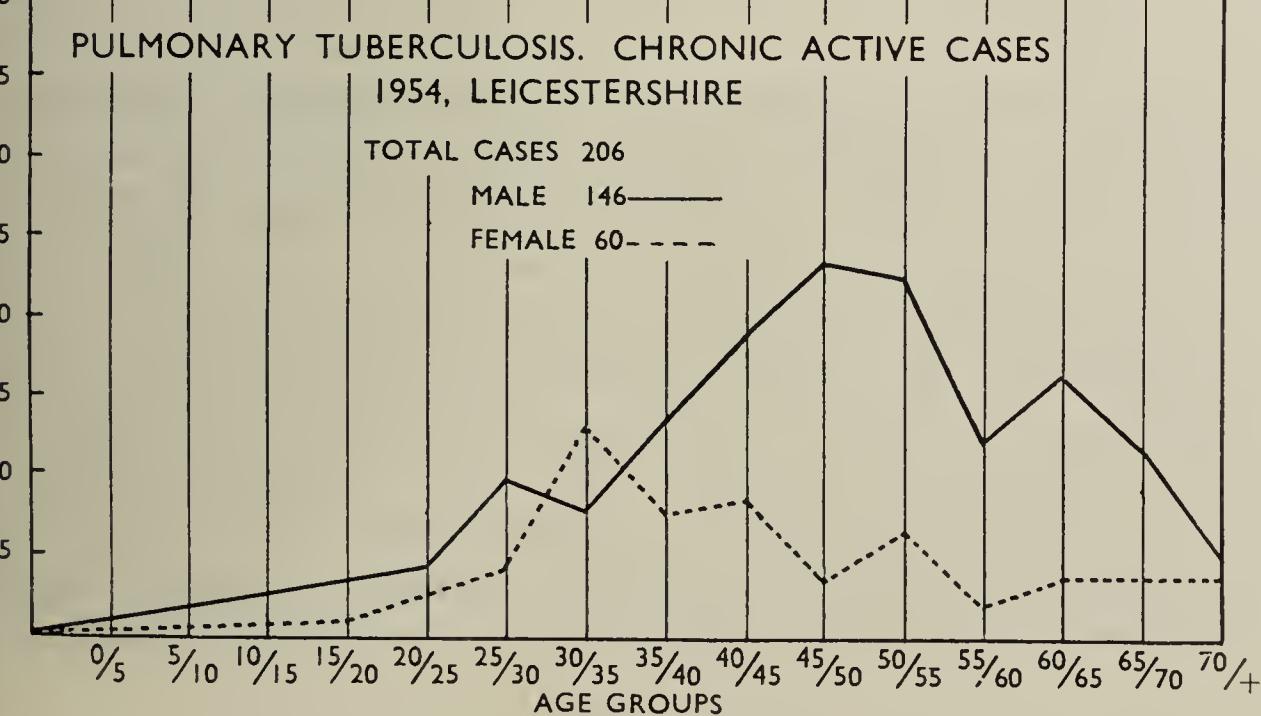
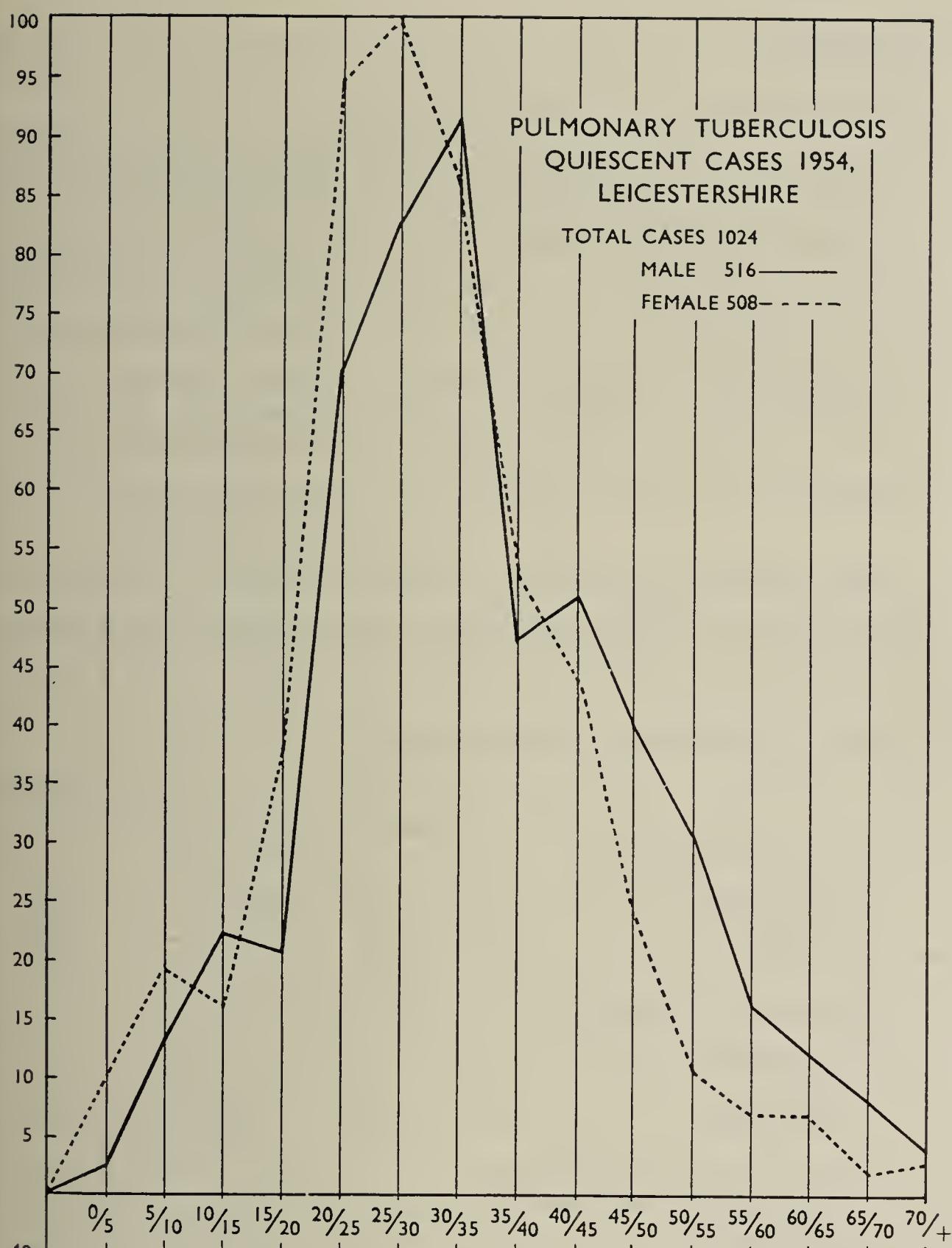
AGE PERIODS	DEATHS					
	NEW CASES			Non-Respiratory		
	Respiratory		Females	Males	Females	Males
	Males	Females	Males	Females	Males	Females
0-	—	—	—	—
1-	2	4	3	—
5-	8	2	6	—
15-	53 ¹	66	10 ¹	16
45-	30 ⁵	9	—	5
65-	11 ³	1	2	3 ¹
Total	..		104 ⁹	82	24 ¹	42
					32 ¹	13
						2
						1

NOTE.—The figures in small type show additional cases which came to the notice of the County M.O.H. other than by formal notification

T.B.4—Tuberculosis Notifications and Deaths

Urban and Rural Districts, year 1954

District	Estimated population mid-year	Notifications of Tuberculosis		Deaths from Tuberculosis	
		Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
Urban					
Ashby-de-la-Zouch	6,550	8	—	1	—
Ashby Woulds ..	3,380	1	—	—	—
Coalville	25,720	19	3	7	—
Hinckley	39,680	23	6	13	—
Loughborough M.B.	35,860	18	6	3	2
Market Harborough	10,420	2	2	5	—
Melton Mowbray ..	14,350	7	1	—	—
Oadby	6,410	—	1	2	—
Shepshed	6,420	4	—	1	—
Wigston	16,180	9	—	3	—
Totals ..	164,970	91	19	35	2
Rural					
Ashby-de-la-Zouch	13,900	4	2	3	1
Barrow-upon-Soar ..	50,070	38	7	4	—
Billesdon	8,180	—	2	—	—
Blaby	39,800	15	9	4	—
Castle Donington ..	10,130	3	1	—	—
Lutterworth ..	11,970	6	1	1	—
Market Bosworth ..	26,890	8	7	3	—
Market Harborough	10,050	10	1	3	—
Melton and Belvoir	18,640	11	7	2	—
Totals ..	189,630	95	37	20	1



Tuberculosis

The following is a list of Chest Clinics held in the County :

Hinckley ..	Hinckley and District Hospital	Mondays 10 a.m. and 2 p.m. Thursdays 10 a.m. and 2 p.m.
Leicester ..	194 London Road ..	Mondays 9.30 a.m. Tuesdays 9.30 a.m. and 2 p.m. Wednesdays 2 p.m. Thursdays 9.30 a.m. and 2 p.m.
Loughborough ..	"Ashmount", Bridge Street	Mondays 9.30 a.m. Tuesdays 9.30 a.m. and 2 p.m. Thursdays 9.30 a.m.
Markfield ..	The Sanatorium ..	Wednesdays 2 p.m. Fridays 9.30 a.m.
Melton Mowbray	War Memorial Hospital	Tuesdays 10 a.m. and 2 p.m.

(Joint Report of County Medical Officer and Consultant Chest Physician)

Prevalence of Pulmonary Tuberculosis

		Year 1954	Year 1953	Average for preceding ten years
Respiratory tuberculosis :				
Notifications ..	..	186	201	212
Deaths ..	..	55	57	99
Death-Rate ..	..	0.16	0.16	0.30
Non-respiratory tuberculosis :				
Notifications ..	..	56	68	67
Deaths ..	..	3	8	21
Death-Rate ..	..	0.008	0.02	0.06
Total for both respiratory and non-respiratory tuberculosis :				
Notifications ..	..	242	269	279
Deaths ..	..	58	65	120

During the year 1954 the decrease in the mortality from respiratory tuberculosis, as compared with the previous year, has not been of any significance and, in fact, the death-rate remains unchanged at 16 per 100,000. The actual number of deaths has decreased from 57 to 55. Such a temporary halt to the declining mortality was anticipated in the last report, and it may well prove to be the case for some time that the mortality rate will lose its significance as an index of the progress in the Tuberculosis Service in the area, as a number of old chronic cases whose expectation of life has been considerably extended by the use of chemotherapy will inevitably die during the next few years. There was a further decline in the number of new cases of respiratory tuberculosis notified from 201 to 186. Non-respiratory cases

showed a drop in the mortality from a total of 8 to 3, and in the cases notified from 68 to 56.

During the past year we decided to investigate the problem of the chronic cases in the County, and out of a total register of 1,490 cases of pulmonary tuberculosis, there are 206 chronic active cases. These are cases which we classified on 1st October, 1954, and they were all considered as having a degree and type of tuberculosis which was not likely to reach a stage of quiescence by our present methods of treatment and all of which were either persistently sputum positive or considered to be periodically excreting tubercle bacilli. The remaining 1,284 cases consisted of 1,024 quiescent cases and 260 non-quiescent cases, but this latter group we had every reason to assume would in due course become quiescent; many of the non-quiescent cases were actually patients in the sanatorium.

We decided to investigate our 206 chronic cases in sex and age groups and have prepared a graph to illustrate the problem. Each year these cases will be reassessed and, in addition, we will have to include in this group any new cases in this category which have been picked up together with any of the non-quiescent cases who deteriorate and also come into this category. By watching the course of the graph we feel we may have a method to indicate the progress being made with that group of patients which, in our opinion, represents the chief problem in the control of tuberculosis. The main point of interest from this graph is that of the 206 cases, 146 are males and 60 are females—a ratio of 5 to 2. This disparity in sexes is further shown in analysing the deaths from pulmonary tuberculosis, where there were 42 male deaths and 13 female—a ratio slightly in excess of 3 to 1. As a matter of interest for comparison purposes, the ratio of deaths from carcinoma of the lung in Leicestershire for 1954 was 10 males for every female. This increased mortality in men has been well known but seems, if anything, to be getting a little more marked. When we come to consider the 1,024 cases of quiescent tuberculosis, it appears that once tuberculosis has reached a quiescent phase there is practically no difference in the sexes, because out of these 1,024 cases the numbers in each sex are almost identical, being 516 male and 508 female. The graph shows that the age groups were similar, while in the chronic cases 146 were male and 60 female, with a marked differential in the age groups, the maximum for men being between 45 and 60 years and for women between 30 and 40 years.

In the past year we had eight deaths from pulmonary tuberculosis which were not notified, or were notified posthumously. The majority of deaths of course occurred in long-standing cases, a total of 30 out of 55 cases having been notified and known to us for more than three years; of these 30 cases, 20 were known for more than five years and anything up to and more than ten years. This indicates that in the main the deaths are occurring from the pool of chronic cases.

Chest Clinic Service

The re-organisation of the Chest Service in Leicestershire is now virtually complete insofar as the siting and re-equipment of the Chest Clinics themselves are concerned. The additional accommodation at Markfield to accommodate the Coalville Chest Clinic is in the process of erection and the plans for Loughborough are well advanced. The chief problem in pulmonary tuberculosis appears now to be the male patient, particularly the male chronic; this necessitates the re-allocation of beds in the sanatorium and we have allocated our beds as follows :

76 male
63 female

Domiciliary treatment has somewhat changed in its character with the fall in the waiting lists. We no longer feel it is necessary to start so many cases at home prior to admission to sanatorium, though it is desirable to do so in certain cases. With the knowledge we now have in the use of chemotherapy the majority of our chronic cases are having drug treatment and this not only benefits the patient but is obviously a great factor in reducing their infectivity. We would again like to pay tribute to the excellent work done by the District Nurses and we are grateful to them and the County Nursing Association.

Mass Radiography Unit

During the past year the M.R.U. X-rayed 22,242 persons in the County, visiting Melton Mowbray, Market Harborough, Mountsorrel, Sileby and various other small rural and urban areas, together with a survey of the Mental Hospitals and the three Mental Colonies sited in the County. As before, Chest X-ray was offered to all children of 13 years and upwards in the various Secondary Schools. From the total number of persons X-rayed during the past year (22,242) there were 22 active cases found, a ratio of 1 per 1,000. Special attention was paid to Sileby where six active cases of pulmonary tuberculosis were discovered, a ratio of 3.2 per 1,000. This is the first time the Unit has visited Sileby and its initially high response is only what one might expect when the Unit has not been to a small town before. In view of the six active cases in this area, arrangements have been made for a return visit to Sileby in 1955.

Home Help Department

Once again we would like to express our thanks for the willing and excellent assistance given to us by the Home Help Department who, during the past year, have supplied us with 69 Home Helps in tuberculous households.

Prevention, Care and After-Care

During the past year the total number of new cases, both respiratory and non-respiratory, was 242 and from these cases 1,182 new contacts were

examined, 23 of whom were found to be suffering from pulmonary tuberculosis ; 614 of these contacts were Mantoux negative and were given B.C.G. A scheme has been put into operation for the X-raying of primipara and in the year under review 829 out of a possible 2,040 were examined and three cases of active pulmonary tuberculosis were discovered. These three cases have all been dealt with satisfactorily and the confinements have gone through without any ill-effects to the mother, the babies having been vaccinated with B.C.G. The arrangement with the Health Visitors continues as before and all the Health Visitors in the various areas have a full grasp of the problem of pulmonary tuberculosis ; they are very successful in ensuring that the contacts attend, not only for the initial examination, but for subsequent follow-up attendances. This is most important and a very great task in a country area. We continue to believe strongly in the necessity of giving convalescence to some of our long-standing patients. Such patients have had many years of weary illness and a complete change of environment and scenery is a tremendous tonic to them. Re-admission to sanatorium is not the answer to these cases, unless they deteriorate physically.

Rehabilitation

All new patients are advised to register under the Disabled Persons (Employment) Act, 1944, and so become entitled to preferential treatment in employment. The conditions under which a patient is working when first diagnosed are considered and any necessary investigations carried out, with his consent, if it is thought he may have been a source of infection to others. After recovery from illness, a change of occupation may be necessary ; in suitable cases full advantage is taken of the excellent facilities provided by the Ministry of Labour Training Centre at Humberstone Lane. When a school child is confined to his house for prolonged periods, it is essential that his education be continued, and the Director of Education has been most helpful in arranging home teaching.

Almoner's Department

The County Almoner is very firmly established as an essential part of the Chest Service. Her association with the Health Visitors is very happy and the co-operation of Health Visitor and Almoner results in an adequate management of the patients' social problems. We are still unsuccessful in our attempts to obtain a second Almoner but the need for such an appointment is still present.

After-Care Committee

The After-Care Committee is again functioning sympathetically and happily and is becoming more widely known throughout the County. Once again we would like to express our appreciation of the work done by the

various groups of the Friends of Markfield and the very generous support they give to the After-Care Funds.

B.C.G. Vaccination of School Leavers

B.C.G. Vaccination of contacts has been a routine procedure for some years, but during this year a start was made with vaccination of school leavers. The Education Committee co-operated most willingly and it is appropriate to acknowledge at the outset the great help given by the school teachers, who not only viewed with resignation the inevitable upset to school routine, but gave every assistance in their power.

B.C.G. Vaccination is, of course, only given with the consent of parents, and one of the chief problems is to decide the best way of giving parents accurate and easily understood information about the subject. It is technically a much more complex matter than immunisation against diphtheria, for example, and it is important that the benefits claimed for the procedure should be clearly stated and that its limitations should also be pointed out.

A start was made in Loughborough towards the end of the year, and the results are given in the table below :

Total number of children	Number where consent given	Number given tuberculin test	Number positive	Number negative	Number vaccinated
409	243	234	105	126	126
	(59%)		(46%)	(54%)	

Certain inconsistencies in these figures are due to children being absent at some particular point in the rather complicated chain of events. It is hoped to comment more fully next year on the information revealed by tuberculin testing throughout the County, and on the progress of the Scheme.

Future Development

In reviewing the past year's work it does appear that there is still a lot to be done in the tuberculosis field, the chief of which would appear to be the education of the general public to accept and take advantage of all the facilities which are now so readily available to them. One still gets cases which have had an opportunity of Mass Radiography which they have refused, and are subsequently diagnosed in an advanced stage. B.C.G. Vaccination of school leavers will take some years to diminish the number of young adolescents with pulmonary tuberculosis, yet it is a most vital step forward. We are considering the tuberculin skin-testing of all five-year-old school entrants followed by the X-raying of any positive reactors and their immediate family. A pilot survey of this character is being planned for 1955 and if this work can be fitted in with the normal school examination and should show any profitable results, it could be made part of the routine school entrants examination.

SECTION 29

Domestic Help Service

Again it is necessary to record further expansion of the service due to the ever-increasing demand of the public. The tremendous growth of this service since its inception is amply demonstrated by the following table :

	1949	1950	1951	1952	1953	1954
Full-time Home Helps ..	37	53	61	74	76	84
Part-time Home Helps ..	36	105	171	233	276	333
Number of hours completed :						
On duty	70,349	152,903	232,503	329,142	347,261	431,714
Travelling time	6,116	10,214	14,859	20,644	19,866	24,530
Number of cases attended :						
Maternity	206	444	473	515	602	574
Ordinary illness	130	263	341	412	514	597
Chronics	19	38	76	115	117	165
Tubercular	7	23	43	68	72	74
Old age, illness and infirmity	93	202	416	471	632	783
Others (emergencies)	9	3	10	22	22	23
Number of Preparation Courses held	7	5	7	4	4	4
Number of Home Helps attending such courses	76	66	99	64	61	63
Number of Home Helps who passed courses ..	73	66	95	61	56	60

During the year the Home Help Service was extended to assist families requiring help during the night, i.e. the chronic sick person who has been ill for some time and in whose case the relatives are becoming worn out with constant night care. This night service was, of course, restricted as it was realised that the Home Help Service could not undertake to provide a complete day and night service without greatly embarrassing the day-time service. Up to the end of the year night help was rendered to 12 cases.

The routine work done by the Home Help Service is probably well known to everyone, and is shown by the figures above. It is not, however, so generally known that in certain cases the Home Help Service does a great deal of useful, successful and practical work in dealing with what have come to be termed "problem families", and a few examples illustrating this are given below. It

will be understood that although here we are only considering the home help service, it is only one of many services, statutory or voluntary, which must be used in trying to cope with those cases. The home help must work in co-operation with the health visitor, the mental health worker, the child-care officer, and the other people concerned. At the moment, however, we are only concerned with the part the home help has to play.

Family "A"

This family consisted of a husband and wife and five children, and was referred to the Home Help Department in December, 1953. The two eldest children had been removed into care on account of neglect, before the three youngest were born. The wife was feeble-minded and quite incapable of caring for the children and dealing with the general management of the home. As a result the husband was prevented from obtaining regular employment because of the amount of help he had to give in the home.

A home help was provided five days a week for two hours for a year and a half. The condition of the home improved considerably ; the children made good progress and were much happier, but perhaps most important of all, the wife was gradually educated in the care of her house and her family under the direction of the home help. The husband was able to work regularly, and provide a more regular income for the family, and recently it was felt that the home help need only attend for three days a week.

Family "B"

This family consisted of a husband and one child, and a wife suffering from severe mental illness. Help was requested in December, 1953, when the situation was extremely serious. The wife neglected her home, and had taken a dislike to her little boy, and the state of affairs was so bad that the husband was afraid to leave the wife and boy alone together on account of the serious physical danger. Not unnaturally the child suffered mentally in this situation, and was becoming something of a problem in his own right.

The home help persevered with the situation for three months, but the woman's mental condition deteriorated so quickly that she was admitted to a mental hospital, and we were informed after a time that it was unlikely that she would ever be fit to return home. The husband requested that the service should be continued until he could make satisfactory permanent arrangements, and as the child was responding to the care of the home help and returning to normality in his behaviour, it was felt that this request should be granted. After some three months the father informed us that he was now able to make satisfactory arrangements, and expressed his gratitude for the help given.

In this case the work of the home help undoubtedly prevented the tragedy of the wife's illness from causing complete disaster in the family. It is

interesting to note that the home help who dealt with this case still keeps an eye on the family and often has the child to stay with her.

Family "C"

This consisted of a husband, wife with tuberculosis, and five children aged 3 to 13 years. The husband was on late shifts and when the mother was admitted to the sanatorium a home help had to be allocated from 1 p.m. to 8.30 p.m. to deal with the situation. She found that owing to the mother's illness the situation had got out of hand ; there was no proper management of the household, and the children were regularly up until 11 p.m.

In about six weeks the situation had improved greatly ; a regular routine had been established and the eldest girl was able to get the little ones to bed at a reasonable time. Help was still continued to be given, and the mother is now back from hospital. In this case the home help undoubtedly was able to prevent a situation which was deteriorating fast from becoming really serious.

Family "D"

This family consisted of the husband who suffered from tuberculosis and a wife who was mentally not too bright. The husband had been so concerned about his wife that he took his own discharge from hospital against advice, and tried to do the shopping, cooking, etc., himself. This was obviously too much for him, and he was suffering in his health as a consequence.

A home help was allocated for three mornings a week to assist in the house, and also to demonstrate simple cookery and give advice on the best use of financial resources.

It is of course not uncommon to find that families who get into difficulties have in actual fact as good an income as their neighbours, but are unable to make the best use of it. Elementary instruction, given in simple language, illustrated in practice and repeated over a period, can sometimes be very effective.

Family "E"

This household consisted of a widowed mother who was an invalid ; one son at work ; an unmarried daughter with a three-year-old child ; a married daughter with seven-week-old twins who were premature (the husband was in the regular army) ; another married daughter with three children, the oldest $2\frac{1}{2}$ years, and the baby a few days old (her husband was also away from home).

The Health Visitor was concerned about the family as a whole, especially the widowed mother and the daughter who had not fully recovered from the

birth of the twins. The problem of the household washing alone required by five children under three years could be easily understood. Help was immediately provided and the situation dealt with.

In this case the provision of a home help prevented what might well have been the complete breakdown of the home. It is interesting to speculate on how much the Home Help Service does to prevent conditions occurring which result in the production of "problem families". Once a family starts going down-hill it is extremely difficult to reverse the process, and most emphatically "prevention is better than cure".

It must not of course be thought that this service is the complete answer to the "problem family" and while I have given examples above, which could of course be multiplied, of cases which have met with at any rate some degree of success, there are others where the vital educational work is unsuccessful, and where despite all efforts a family is quite content to accept the help provided but relapses immediately it is withdrawn. It will be readily understood, too, that this work makes a very heavy demand on the patience and mental resources of the home help involved, and is often disappointing and disheartening, although when the results prove satisfactory all the efforts are seen to be eminently worthwhile.

There are of course many special cases which present difficulties of a different nature. An example is Mrs. "F", an exceedingly cantankerous old lady who is nearly 90 years old, and lives alone. She is so difficult to work for that it is impossible to allocate the same home help for any length of time, and constant interviews by the Area Officer are necessary to make any help possible at all. The old lady, however, really needs the help, and so far, despite the difficulties, we have been able to provide it.

Other problems arise when there is lack of co-operation between the person assisted and the family. Miss "G" suffers from a chronic illness and has been in a mental hospital. She lodges with relatives who made it clear from the beginning that they did not intend to assist the Home Help Service financially or otherwise, although Miss "G" genuinely requires help which they are unable to give. The whole house was extremely dirty, and the woman herself a remarkably difficult person to deal with. She sits completely silent all the time, and treats the home help as if she were a necessary evil. This is a case the Service has struggled with for some time, but little if any progress is apparent.

A case typical of much of the work of the service, although possibly unusual in its degree of difficulty, is Family "H" consisting of a husband of 90 years, a wife also 90, blind, and an unmarried daughter of 48 suffering from a serious chronic illness; all three are bedridden. Help was provided and is still being given, although the husband has now been admitted to a chronic

sick hospital. Were it not for the home help, hospital beds would have to be found for wife and daughter also.

From the above cases, and from many more which are not here recorded, two things emerge. One is that this service is of immense social value in preventing the type of situation developing in a household which may lead to the deterioration or break-up of the home. This is really more important than any efforts, however successful, to deal with such a situation once it has arisen, although it lacks the drama which, in social work as in medicine, is attached to cure as opposed to prevention.

The second point which must be apparent to anyone is the tremendous variety of problems presented to the Service and consequently the need for careful selection and training of the home help, who is so much more than "someone to do the housework", while the responsibilities of the Area Officers in allocating and supervising the work will be obvious.

Finally, it is perhaps necessary to point out that the above picture, which is perhaps rather a sombre one, represents one side only of the Home Help Service, and that the Service is essentially devoted to helping people who are normally perfectly capable of looking after themselves, but who on account of some emergency such as illness or because of advancing years, require some assistance.

SECTION 51

Mental Health Service

The Mental Health Service in Leicestershire is a single service, combining the Mental Treatment and Mental Deficiency Services.

Mental Illness

During the year 96 males and 125 females were removed to Mental Hospitals under Sections 16 and 20 of the Lunacy Acts.

Since June, 1948, when the Mental Health Service was transferred as a single service to the County Health Department, the whole County has been covered for removals to Mental Hospitals by an Officer on a rota system.

Due to increase in work and to avoid overlapping, a new scheme came into operation on the 1st October, 1954. The County was divided into five areas with a Mental Health Officer responsible for all cases of Mental Illness and Deficiency in each area during the day, and one of these officers being solely responsible during the night and week-ends on a rota system.

This change enables closer co-operation with the Superintendents of the Mental Hospitals. A scheme was also introduced for the greater use, where practicable, of Section 20 of the Lunacy Acts, which allow patients to be taken into hospital for temporary care and observation for a short period without certification.

I am happy to report that this change has been welcomed and appreciated by the General Practitioners in the County and by many of the relatives of the patients. It has resulted in a number of the patients remaining in the hospital on a voluntary basis, and although this number so far is small, there is every hope and indication that the percentage will increase. An arrangement for the Officer to submit a Social Case History to the Consultants at the Mental Hospital on the majority of the cases admitted has been most useful to them, and the considerable extra work involved has been more than repaid by the benefit to the patients. Special mention of the value of these reports has been made to me by the Medical Superintendents of the Hospitals. These new arrangements have also been welcomed by my Mental Health Officers who feel they are contributing in a much greater degree to this service.

After-Care

This Psychiatric Social Service is making steady progress. At the request of the Hospital Authorities, more cases are being visited, resulting in some patients remaining in the community. It is recognised that good after-care

can be effective in reducing the rate of early relapse in many cases which leave Mental Hospitals.

Mental Deficiency

Statistics relating to Mental Defectives as at 31st December, 1954, are given below :

Under Institutional Care	445
Under Guardianship	20
Under Statutory Supervision	437
Under Voluntary Supervision	34
Under training at Occupation Centre or at home ..	185
Cases awaiting Institutional Care	61
Males over 16 .. 13	Females over 16 .. 24
Males under 16 .. 18	Females under 16 .. 6

Occupation Centres

All the five centres are now full-time, Loughborough having been extended from part-time in September, 1954.

Seven patients living between Birstall and Mountsorrel were transferred from the Wigston Centre and new cases from the Castle Donington area were brought into the scheme, making Loughborough the largest centre.

Special transport now serves Hinckley, Loughborough and Wigston, and the only areas in the county which are not covered are Market Harborough and those South and West of Coalville.

Admissions continued steadily at the centres. Very few are discharged, as in most cases training and occupation is required for the rest of their lives. This will create a problem as the years go by as more older patients will need training of a more industrial nature than that which can be provided in Junior Centres.

A SURVEY OF MENTAL HEALTH IN LEICESTERSHIRE (Dr. J. R. Byars, Deputy County Medical Officer)

The history of how the subject of mental health has been treated in Leicestershire can be gathered from many sources and this is an attempt to bring them together. Statements appearing in various places sometimes differ and this may account for any apparent inaccuracies.

The reader should first realise that, while the difference between an idiot and a lunatic had long been known in principle, they were not legally separated, nor was independent provision required for idiots or mental defectives, until the Mental Deficiency Act, 1913.

A Select Committee reported in 1807 that asylums should be set up in each county for pauper and criminal lunatics who were then in pauper institutions or in gaols, houses of correction, etc. The County Asylums Act (1808) provided for the setting up of the asylums and this was the beginning of the mental hospital system of today. Before this lunatics were found in workhouses, where they were almost unrecognised and no distinction drawn between those who could not work and those who would not, and where they suffered severe punishment for breaches of discipline. Others were in prisons where they had been sent as criminals and, in many cases, lived in chains with no bedding and little food. Those whose financial circumstances were better were put in private madhouses but, once inside, their treatment was usually little different.

Because of complaints of illegal detention of sane persons in such madhouses, an Act for Regulating Private Madhouses was passed in 1774. Although ineffective, this Act provided the basis of legislation still in force today for the protection of the interests of a patient suffering from mental illness. The only record of such a madhouse in Leicestershire is a reference to a private asylum at Great Wigston which, in the 1830s, belonged to Mr. Joshua Burgess, a surgeon. On Friday, December 28th, 1832, the following advertisement appeared in the *Leicester Journal*:

“WIGSTON LUNATIC ASYLUM

“Under the regulation of the New Lunatic Act, is arranged upon the method of strict selection of Patients, keeping distinct the milder cases and those of better habits and bringing up, from the less cultivated and violent, rendering the society of each class suitable to the individuals, and the better class, a circle in which the rational and intellectual amusements are practised.

“Eligible opportunities of exercise exist in the private grounds, and in the neighbouring country. Terms and references will be given upon application to the Asylum, Great Wigston, near Leicester”.

It is not clear to which Act reference is made. Records trace this private asylum up to 1843, in which year it came into the hands of a Mr. Benfield. In 1838 the licence was renewed to receive 20 male and female patients of whom 10 might be parish paupers, but by 1843 the number had been reduced to five male and five female patients, none of whom were to be paupers. No record has been found of the success or otherwise of Mr. Benfield’s new venture although the way in which the Quarter Sessions had gradually reduced the numbers did not augur well for him.

Only nine counties built asylums in the twenty years after the passing of the County Asylums Act, 1808, the first being Nottingham. A difficulty, which is still with us today when a new service is suggested, faced the pioneers of 140 years ago in that they had no means of assessing the demand until the asylum was provided. Nottingham had records of 35 pauper lunatics but their asylum for 80 patients was found to be totally inadequate when it was

opened in 1810. No realistic figures were available and some counties even said they had no pauper lunatics. One county which made a return of 92 was inspected and 22 more were found.

In 1828 another County Asylums Act was passed which was a consolidating Act, and which required returns of admissions, discharges and deaths to be made. As a result of this Act, a meeting of Quarter Sessions held on 14th October, 1833, at the Castle in Leicester, decided that "the Clerk of the Peace should give Public Notice in the *Leicester Journal* of the Justices' intention of taking into consideration at the next Epiphany General Sessions of the Peace for the said County the expediency of providing a County Lunatic Asylum or House for the reception of insane persons or of appointing a Committee of Justices to treat with the Governors and Subscribers to the Leicester Lunatic Asylum to unite with them for such purpose".

The Leicester Lunatic Asylum was a small building connected with the Infirmary and supported by voluntary contributions.

The Clerk was also instructed to apply to the Justices at their several Petty Sessions to issue their warrants to the overseers of the poor of their parishes to return lists of all insane persons chargeable to their respective parishes. Two Justices with a Dr. Arnold were, at the same meeting, appointed visitors of the house at Great Wigston which was licensed to be kept by Mr. Joshua Burgess for the reception of insane persons.

A joint meeting of Justices and Subscribers to the lunatic asylum, held in January, 1834, decided to appeal for subscriptions towards the proposed pauper lunatic asylum. The appeal was put in the county newspapers, the Lord Bishop was asked for his permission for collections by sermons throughout the county and other religious denominations were to be asked for their help. The appeal states that there were 164 insane paupers in the county, but another source gives a figure of 171 made up of 96 males and 75 females; 28 were stated to be dangerous. The Act of 1828 gave the Justices power to levy a rate but they preferred to make an appeal in the hope that such action would not be necessary and also to enable the objects of the subscribers to the existing asylum to be continued. It was also stated that there would be greater advantages to pauper lunatics than could be derived from an asylum established by the magistrates alone.

By June, 1834, the sum of £2,000 had been collected, but it was felt that more details of the plan should be given to the public. Three classes of persons were to be admitted—the first including persons of superior rank who would contribute to the general charges according to their ability—the second being lunatics who were not actually paupers who would be supported partly by their friends and partly out of public subscription and the third being pauper and criminal lunatics. The surplus of the payments from the first class would go towards the cost of the second and third classes but no

person in the second class could be admitted except on the nomination of a subscriber. This class was composed of poor farmers, tradesmen and manufacturers who had been reduced to poverty by insanity.

In November, 1834, an advertisement appeared for five acres of land within two miles of the confines of Leicester for the building of a county lunatic asylum. Land on which the University College now stands was purchased from the town of Leicester at a cheap price with an understanding that Leicester patients would be admitted. A plan, subsequently modified to reduce the cost, was drawn up by the superintendent of the Dorset lunatic asylum to provide for 104 patients. Contracts were signed in 1835 for a building at a cost of £9,758 but, in the following year the total cost was given as £14,000 and in 1837 Quarter Sessions authorised a total of £18,000 to complete the building. A report was then presented of "the perfect accommodation afforded by the establishment" and the first patients were admitted on 10th May, 1837. As early as 1842 it was necessary to provide £5,000 for an extension to hold a further 48 patients. Much of the building then erected is still in use by the University College and the last padded cell was dismantled in 1946.

In August, 1845, the Lunatic Asylums and Pauper Lunatics Act came in to force. This compelled every County and Borough to provide an asylum for its own pauper lunatics or combine with another authority for this purpose. The County of Rutland was, on certain terms, allowed full participation in the Leicestershire Asylum on equal footing with the County of Leicester. The Borough of Leicester obtained a private Act of Parliament whereby it was not required to erect an asylum and was allowed to send a certain number of pauper lunatics to the County Asylum. To meet these commitments the institution was further extended to hold a total of 237 patients.

In view of the scandals that have been reported in other parts of the country as late as the second half of the nineteenth century the pioneers in this county deserve to be remembered for their attitude to early admission of cases of lunacy. Health education is no new function of the County as the following extract of a report published in 1849 shows. After stating ". . . the great object being to make this Asylum a House of Cure and not a House of Detention", the report goes on :

"To what extent the Visitors have succeeded in this object may be judged of by the following statement, taken from the Annual Report for the year 1848. Up to 31st of December in that year, there had been admitted into the Institution 917 Patients : of these had been discharged completely recovered, 405, and relieved, 79, making in the whole 484 cured or relieved ; or more than 50 per cent. of the whole number, and this too in the face of a prejudice or rather an ignorance of the nature of the disease on the part of those connected with, or possessing authority over Lunatics, which is the greatest obstacle to a cure, that the Superintendents of such Asylums have to encounter.

"This obstacle is the delay that frequently occurs before the Patient is sent to the Asylum, and placed under proper medical treatment ; sometimes from a dread of the Asylum itself on the part of friends, sometimes from a misjudged economy on the part of parochial authorities. It cannot be too widely known, and the Visitors would most earnestly impress the fact upon all, that there is no disease in which delay is so injurious as in mental disorder ; and if, as has been too frequently the case, the Patient is not brought to the Asylum until after the lapse of six months, twelve months, or even longer, from the commencement of his illness, the chances of his ultimate recovery are but small, the disease has frequently gained such strength that no medical treatment can overcome it, the case has from the very delay itself become chronic and incurable.

"To prove that the case is so, and that to the ignorance of, or inattention to, the fact, may be attributed the fearful increase in the numbers of the incurably insane, the following extracts are given from a Return ordered by the Magistrates of the County of Leicester and presented at the Michaelmas Sessions of 1846.

'The Act of Parliament before referred to (the Act 8 and 9 Victoria, C.126) came into operation on the 8th of August, 1845 ; between that day and the 8th of August, 1846, 78 Patients were received into the Leicestershire Asylum, of whom 54 were Pauper and 24 Private Patients ; of the former, 15 had been discharged, after a short residence in the Asylum, perfectly cured, and it was remarked, that, "Of the 15 Pauper Patients discharged as cured, all whose cases could be correctly ascertained, had, with one exception (a case originating in puerperal fever), been labouring under the disease for a short period only, in the majority of cases not exceeding two weeks ; and the result of their having been, at so early a period, placed under proper treatment, is their speedy restoration to health, and consequent lightening of the parish burdens".

'In fact, of those admitted during the first six months of the year ending August, 1846, and whose disease had existed for less than one month prior to their admission to the Asylum, not a single one now (i.e. October, 1846) remained ; and there is every reason to believe, that of those who were admitted during the last six months of the year, under similar circumstances, a like result will be obtained, after they have received for a short time longer the benefits of the Institution.

'But whilst this is the result of the admission of the Patients as soon as possible after the manifestation of the disease, the Registry shows, that in too many instances a line of conduct entirely the reverse is pursued by the parish authorities, and the patient is placed in the Asylum, less with a view to his cure, than to the safe confinement of his person. This will appear evident when it is stated, that in nine cases received during the year (1845-6), the duration of the attack is stated to have exceeded a year, most them being stated as of "many years" or of "several years" duration, and, in fact, in the great majority of cases, the duration of the attack is computed by months, rather than by weeks'.

The Registry for the year 1847, presents similar results. Out of 14 Pauper Patients received previously to the 8th of August in that year, the duration of whose illness on admission into the Asylum had been less than one month, not a single case remains ; four of these have died, two of whom were aged and infirm persons, whose lives, under any circumstances, could not long have

been prolonged, and the other two, at the time of their admission to the Asylum, were labouring under incurable bodily ailments, while the remaining ten have all been restored to health, and have left the Asylum completely cured".

Alterations, repairs and additions in 1854 mentions that Rutland were to pay one-tenth compared to seven-tenths by Leicestershire and two-tenths by the subscribers. Further building took place in 1856 and records for the 1870s show that the committee began to look for a new site for the asylum. In 1877 a site at Thrussington was considered but, in the following year, it was decided to buy a site at Newtown Unthank, stated to be the best of fifteen considered. Only two months after the decision was taken, approval of the purchase had been received from the Commissioners in Lunacy.

A discussion took place in June, 1879, on the separation of the Charity from the asylum so that a middle-class asylum could be built for charity patients. A compromise was reached by the decision to provide a separate building but on the same ground and under the same supervision. Six months later doubts were being cast on the water supply at the Newtown Unthank site but the committee decided to go ahead and appointed members to visit Glasgow and other places before advertising for buildings. Some idea of the state of affairs at the asylum at this time can be obtained from a report of the Commissioners in Lunacy. In June, 1880, they reported that there were no vacant beds on the male side and only 239 beds for 245 patients, but this pressure on beds was eased by putting ten quiet patients to sleep in a room by the carpenter's shop.

Very little seems to have happened until 1884 when arrangements were made for 12 beds to be available at Northampton, an arrangement which the Commissioners later reported as no answer to the problem. In March, 1886, correspondence was reported with Northamptonshire on the building of a joint "idiot asylum", but the idea was turned down because of pending legislation. This probably refers to the Idiots Act, 1886, which was permissive but empowered local authorities to build mental deficiency institutions and guaranteed a capitation grant similar to that given for pauper lunatics. No further record of the idea of a joint institution has been found however.

The number of patients had exceeded 400 by 1890, but one is left to wonder how they were housed. It was decided to build two blocks for 50 patients each in 1894. This was subsequently altered to four blocks, but in the end only two were built to replace wooden huts which were pulled down. The wooden huts probably provide the answer to the accommodation of 400 patients, the rather inadequate minutes not having recorded their erection.

Trouble was apparently still being experienced with the site for the new asylum and in 1894 the land and farm at Newtown Unthank was sold. In 1896 the visiting committee of the asylum decided to erect a new asylum for 650 to 700 patients in the county, there being various objections, chief of which

was lack of room, raised to further extension of the existing building. Among defects of the building were lack of heating in the dormitories or corridors, no separate infirmary for the sick (the asylum purchased a tent at one period in case smallpox broke out), deficient ventilation and inadequate kitchens. We then find the committee buying a site at Narborough from several owners in 1898.

A point of interest which should be mentioned at this stage concerns the system of admission. In spite of the troubles about wrongful detention of sane persons in madhouses at the beginning of the century it was not until 1889 that an Act was passed requiring an order from a magistrate before certification could take place of other than pauper patients. In the Act of 1845 it was laid down that a pauper lunatic was to be brought before a Justice by the Overseer or the Relieving Officer. The Justice was to "call to his assistance a Physician, Surgeon or Apothecary and examine such person". The Justice was to sign a certificate that the person was a "lunatic, idiot or insane person or a person of unsound mind" and sign an order for his admission to an asylum. The Lunacy (Consolidation) Act, amended from time to time and now known as the Lunacy Act, was passed in 1890. This Act is the one which is used today for patients who require certification and in which most of the law concerning these patients is to be found.

The new asylum at Narborough was opened on 31st October, 1907, on a site of about 180 acres. Accommodation was available for 688 patients, but the plans were drawn up to enable further extensions to be made to bring the total to over 900. The patients were transferred from Leicester in March, 1908. Two new wings were opened in October, 1938, bringing the capacity of the hospital to 820 and the records show that the site was now 200 acres. During the war overcrowding became a necessity so that today the hospital has official approval for 1,070 patients.

The hospital was transferred, with all other hospitals to the Regional Hospital Board in 1948.

The Charity associated with the original asylum continued its work up to 1948. It is still in existence and now assists patients to take advantage of the "amenity" or special beds for which payment is required under Section 4 of the National Health Service Act. It also owns the convalescent annexe which is leased to the Ministry of Health and has met the expense of sending patients away for convalescence.

The separate story of the care of mental defectives in the county does not start until the Mental Deficiency Act of 1913 was passed although, as mentioned previously, the subject was considered in 1886. The 1913 Act, amended from time to time, is the principal Act still in force. Definitions of defectives were laid down as were the reasons for which they were to be

"subject to be dealt with" and the procedure for their certification. Local authorities were to provide institutions.

The first meeting of the County Mental Deficiency Committee was held on May 23rd, 1914. An immediate difficulty was the perennial one of finding the patients who required supervision and accommodation. The police, poor law unions and relieving officers were asked to assist in the preparation of a list. At its first meeting the committee also decided to consult with the borough authority on a joint action.

There were institutions in other parts of the country at this time. At its second meeting the committee considered whether a certain patient would be suitable for Stoke Park Colony, near Bristol, but, after full information was obtained, it was decided that "he was of a lower grade than a mental deficient".

The history of institutional accommodation in Leicestershire is one of frustration and false hopes. Owing to lack of information on numbers the idea seems to have prevailed with most authorities that joint action was advisable. First Warwickshire suggested a conference of the two authorities and then Derbyshire convened a meeting of several counties and cities. The latter meeting was addressed by the Chairman of the Board of Control who informed the representatives that loans for building could not be approved, the time being February, 1915, but that large houses should be leased and adapted. Some of the authorities would do nothing till after the war while others would rent beds and still others offered to provide beds. Leicestershire made no decision but thought they would join with Warwickshire.

An offer was made at a meeting at Monyhull of the old lunatic asylum, then occupied by the War Office, which was estimated to hold 1,050 beds after the war, but nothing came of this proposal and by 1917 it had been decided to wait until after the war before making permanent arrangements. As a temporary measure, agreements were made for the admission of defectives to the Billesdon and Loughborough Unions, an arrangement which persisted in the case of Loughborough until 1948.

An interesting resolution passed in 1917 was that which authorised all medical practitioners in the county to sign certificates required for Sections 3 and 5 of the 1913 Act. These certificates are required when a defective is certified and this resolution was included in the Scheme prepared under the National Health Service Act, 1946.

Institutional care continued to be a difficult problem. In 1918 the Borough of Leicester was enquiring whether the county could admit defective children to its workhouses and adult cases to Billesdon and in 1922 the defective boys of the County Mental Hospital were transferred to Stoke Park Colony, near Bristol. A year later county cases were accepted for the Leicester Frith

institution and others were to go to Bretby in Derbyshire. Patients were also going to other institutions all over the country.

In January, 1925, it was reported to the committee that there were 426 defectives—194 males and 232 females—in the county and six months later the first of a series of fruitless conferences started at the request of the City of Leicester with a view to establishing a joint institution at Leicester Frith, was held. Almost three years later the City decided to go ahead on their own because they could not agree to the County having a 30 years' guarantee of beds—a point on which the County insisted.

Joint action with Derbyshire and with Nottinghamshire took up the next two years, but then pressure began to be exercised on the committee. The first sign was a request from the Metropolitan Asylums Board to remove county cases from the Board's institutions. Enquiries elicited the fact that they had been in communication with the Board of Control and were only prepared to retain defectives if the authority was developing a scheme of its own and then only until the scheme was completed. Leicestershire had, apparently, no scheme. In the following year a letter was received from the Board of Control asking the County Council to meet them in London and suggesting that the Chairman of the Council as well as the Chairman of the Committee should attend.

The Board first said that the ascertainment in the county was below their estimate. The actual figures were 584 but the Board estimated there should be 786 (a figure which might be 10% or 20% out) defectives in the county who required beds. The Board's figure did not include cases to be kept at home. Today there are 445 in institutions or guardianship and 61 waiting admission to hospital. Apart from a few defectives who are being looked after by elderly relatives and may require admission at any moment but are at present unknown, it can be confidently stated that the present total is an accurate one and is based on an increased population of 50,000 over that in 1930. The Board of Control were apparently much further out in their estimate than they thought.

Residential accommodation was the most important point to be discussed and the Board suggested that the County Council should purchase an estate of 150 to 180 acres. The mansion could house patients until villas were built when the mansion would be used for administration.

The committee, after the report of the delegation to London, inspected Billesdon poor law institution for conversion, since it was no longer required for poor law purposes, but this was considered to be impracticable. In July, 1930, Stretton Hall, near Great Glen, was inspected. Three months later it was decided to negotiate the purchase of the estate in order to carry out the Board's suggestion and a month later the committee decided to buy the estate comprising 357 acres for £12,500. Adaption of the Hall was started in

January, 1932. The institution was to be administered by a joint board and an order constituting "The Leicestershire and Rutland Joint Board for the Mentally Defective" was made by the Minister of Health. Approval was given for 20 cot and chair cases, 20 medium-grade females under 16 years and 10 female working patients over 16. Stretton Hall opened on November 1st, 1932, with 25 patients.

At a meeting in October, 1933, the residential accommodation for defectives was re-organised. It was decided to close Billesdon. Stretton Hall was to have 46 patients, Loughborough public assistance institution 40, and 23 beds for males were arranged at Mountsorrel institution. Apart from the addition of two new blocks to hold 60 patients each at Stretton Hall in 1937, this remained the position until the National Health Service Act came into force in 1948.

This Act, which transferred the responsibility for residential accommodation to the Regional Hospital Board, resulted in an amalgamation of both county and city institutions to constitute the Glenfrith Hospital. These consisted of Leicester Frith, Stretton Hall and Mountsorrel on the appointed day, patients at Loughborough being transferred to replace public assistance persons removed from Mountsorrel. There were also, of course, county patients in many other institutions throughout the country.

Since 1948, the Regional Board has built an extra block at Stretton Hall and acquired hostels at Billesdon and Stoneygate for patients who go out to work. Accommodation for a considerable number of patients is at present being arranged at Desford.

The Act of 1913 laid equal emphasis on the responsibility of the local authority for defectives outside as well as inside institutions. The County Council is responsible for finding guardians for defectives who cannot be kept at home but do not require institutional care and for the supervision and training of those who remain at home. In 1918 the Council appointed a temporary enquiry officer to carry out this work.

The first record in the minutes of a resolution showing the change in attitude of the committee to the care of defectives is for January, 1922, when it was decided to provide some sort of amusement for the patients at Billesdon. When 24 adult female patients were to go into Loughborough institution it was decided to engage an "occupational trainer".

Guardianship of mental defectives seems to be popular in certain areas of the country and not in others. As the result of the formation of a voluntary organisation in Brighton many hundreds of defectives are under guardianship in Sussex and neighbouring areas. On the other hand, guardians are almost impossible to find in Leicestershire with the result that many defectives from this county have been sent to Sussex. The first recorded communication with the Brighton Guardianship Society was in 1925.

The problem of ascertainment, supervision and training caused considerable thought until a Miss Fox (the late Dame Evelyn Fox, D.B.E.) came from a national voluntary organisation for mental welfare to talk to the committee and explain the part that a local voluntary association could take in the work. It was decided to form such an association in January, 1928, and, two months later, a draft scheme was drawn up.

The association was to consist of members of the county council, members of case committees (if any) and all subscribers and voluntary visitors. It was to co-ordinate the work on behalf of defectives and give friendly advice to all subnormal persons whether defective within the meaning of the Act or not. It was to assist in ascertainment, provide supervision and secure training for those outside institutions, find vacancies in institutions and find guardians and visit cases. This work the association carried out until it decided to discontinue on the introduction of the National Health Service Act, in 1948. Apart from the supervision of patients and other routine matters required by the Mental Deficiency Act, the association provided training by means of part-time occupation centres. A centre was opened in Loughborough in 1931 and another at Coalville in the same year, while Hinckley centre was opened in 1933. There was also a centre at Melton Mowbray but this was later closed and home teaching substituted.

The work of the voluntary association was taken over by the County Council in July, 1948, when a sound foundation had been laid by the committee and staff of the association. The Mental Deficiency Committee was discontinued, and all aspects of mental health delegated to the Health Committee, who appointed a Mental Health sub-committee. Not only is the care of mental defectives outside institution the responsibility of the sub-committee but an increasing amount of work is done by the mental welfare officers for persons suffering from mental illness.

By the establishment of occupation centres at Wigston in 1950 and Melton Mowbray in 1951, by making the centres at Coalville and Hinckley full-time in 1950, and Loughborough full-time in 1954, and providing transport to all the centres, nearly every mental defective in the county, who is capable of so doing, can attend an occupation centre. In addition, there is a small home training scheme in the Melton Mowbray area for those unable to attend the centre.

It is salutary to remind ourselves of the immense change in the outlook on this problem which has taken place since these early days. The whole concept of mental health and mental illness, the revolution in treatment, and the increased emphasis on work in the community and on prevention are far removed from the provision of places where people who were a nuisance or a danger to themselves or others could be more or less reasonably maintained.

The law is still largely that operating since 1890 with the exception of the provisions of the Mental Treatment Act, 1930. A Royal Commission on the law relating to mental illness and mental deficiency is at present sitting. Many witnesses have condemned the necessity of a patient with mental illness having to be "certified" by a magistrate but, when a remedy is sought, great difficulty is experienced in offering an alternative which protects the rights of the patient and, at the same time, ensures the removal to hospital of the person who does not realise the necessity of hospital treatment. A report of the World Health Organisation suggests that, with the best psychiatric service and hospitals, few patients would be unwilling to have hospital treatment. For the few, compulsory admission would follow a request from a psychiatrist and a relative which would be subject to judicial review at a period after admission which would be long enough to enable the effects of treatment to be assessed.

All concerned with the welfare of patients suffering from mental illness and mental deficiency look forward to the conclusions of the Royal Commission in the hope that legal formalities can be reduced to a minimum to enable patients to enter mental hospitals in the same way as they gain admission to other hospitals.

Assistance in preparing this survey has been given by many people but a special word of thanks is due to Dr. L. A. Parker, County Archivist, Dr. D. F. Macgregor, Carlton Hayes Hospital, and Mr. J. W. Cherry, Stretton Hall Hospital.

NOTIFICATION OF BIRTHS

(Public Health Act, 1936—Section 203)

Notifications of births are usually received in the Department from midwives in attendance at confinement. Information is exchanged with the Registrars of Births in order to discover births not notified or not registered within the statutory time limits of the regulating Acts of Parliament.

All notifications of births are scrutinised for prematurity and illegitimacy, and such cases are referred to the Health Visitors for special report and supervision. Also records of all live births are passed to the Immunisation and Vaccination Section so that parents may be notified in due course of these facilities for their children.

The following table gives details of births recorded in the department during 1954 :

	Live Births	Stillbirths		Total	
		Dom.	Inst.		
Total which occurred in Leicestershire	2,219	1,793	42	48	4,102
Births occurring in Leicestershire "Transferred Out"	..	9	281	1	2
		—	—	—	—
	2,210	1,512	41	46	3,809
Births occurring outside Leicestershire "Transferred In"	..	14	1,445	—	62
		—	—	—	—
Net Leicestershire Births	..	2,224	2,957	41	108
		—	—	—	—

Year	Births		
	Domiciliary	Institutional	
1938	..	3,181	1,047 (not corrected for transfers out of the county)
1948	..	2,884	2,632
1949	..	2,809	3,507
1950	..	2,568	3,249 (N.B. return-corrected)
1951	..	2,352	3,291
1952	..	2,422	3,119
1953	..	2,348	3,256
1954	..	2,265	3,065

The birth records previous to 1950 were not particularly adapted to show the exact numbers of domiciliary and institutional births nor are they corrected for outward transfers. The figures for these years must therefore be regarded as "crude" and not strictly comparable with the years from 1950 onwards.

REGISTRATION OF NURSING HOMES

The administration of the Public Health Act, 1936—Sections 187-194 (Registration of Nursing Homes) is undertaken by the County Council, which is the local supervising authority for the whole county.

Periodic inspections of registered homes are carried out by Medical Officers of the department and by officers of the Leicestershire County Nursing Association.

No homes were closed or newly-registered during the year under review and the following table gives particulars of existing homes :

Address		Number of beds		
		Maternity	General	Total
"Glencoe", 25 London Road, Coalville..	..	8	-	8
"Braemar", Newton Burgoland	..	1	-	1
The Loughborough Nursing Home Ltd., Radmoor Road, Loughborough	.. ..	5	5	10
"Roundhill", Syston Road, Thurcaston	..	12	-	12
Rothley Temple Nursing Home, Rothley	..	-	20	20
Walberton Rest and Convalescent Home, Stamford Road, Kirby Muxloe	.. ..	-	33	33
Totals	.. ..	26	58	84
		—	—	—

NATIONAL ASSISTANCE ACT, 1948

Section 29 of this Act empowers local authorities to make arrangements for promoting the welfare of persons who are blind, deaf or dumb, and other persons who are substantially and permanently handicapped by illness, injury or congenital deformity. Schemes for the welfare of the blind, partially sighted and deaf or dumb have already been submitted by the County Council to the Ministry and have been approved.

During the year a scheme to cover those other persons mentioned, which was substantially the model scheme suggested by the Minister, was submitted and approved. The scheme allows full use to be made of voluntary associations, and in that respect there is no change in the present arrangements—indeed much of the task of the local authority lies in co-ordination of existing facilities, and ensuring that persons in need are aware of such facilities, rather than direct provision of new services.

This work is unspectacular, lacking the direct and readily realised benefits of the provision of services such as ambulances or domestic helps. There is, however, a great deal to be done in this field, and it is hoped to develop the service in the future. The present need is to make some type of summary of the situation and of possibilities for action.

THE ROYAL LEICESTER, LEICESTERSHIRE AND RUTLAND INSTITUTION FOR THE BLIND

The report of the Management Committee for the year ended 31st March, 1955, must lay stress on the promotion of two new services by the Institution during the year.

Prebend House, Prebend Street, Leicester, was established during the year as a Social Centre and Club for the Blind although it was not fully opened during the period covered by this report. With the Club in a central position and open every week-day, our blind people are now given opportunities of making new friends and of finding others with whom they can share their own particular interests. About fifty different types of activities are being held at the centre, the desire of the Institution being to provide a wide and comprehensive programme during mornings, afternoons and evenings, with something to suit persons from all walks of life in order to encourage everyone to lead as full a life as possible. 386 blind people are already members of the Club, 162 of them being resident in the county.

One of the greatest helps to a blind person, particularly in the early stages of blindness, is to meet others who have conquered the handicap of blindness. The newly-blinded person then thinks that if others can succeed, it is also possible for him to do so. With the desire to learn, instruction by the Institution's staff is enthusiastically received and as the blind person's competence increases, naturally, his confidence returns and he is anxious to tackle specialised training and subsequent employment.

Useful work in this field of rehabilitation is done by our Home Teachers in the homes of the blind people under their care and in their District Social Centres but Prebend House offers further scope to the Institution to develop the competence, ability and social character of our blind people, as well as providing occupational, educational, cultural and recreational activities for the many blind people, who, having already overcome blindness as much as they can, wish to join in all, or some, of the activities provided.

Prebend House in no way will replace the residential rehabilitation courses, which are so valuable and which we encourage every newly-blinded person of working age to attend, but will be an additional and complementary service. The blind people on completion of the residential course will, at Prebend House, however, have the opportunity of further developing their interests and will, of course, also be able to attend the Club, with benefit, before proceeding on the residential course.

Sixty-two per cent of our local blind population are aged, and in consequence in need of many welfare services and a helping hand on lots of occasions, but there is in addition, a large minority, numerically 550, who are much younger people, and who simply want help to become as independent as far as possible, and to be accepted fully as ordinary citizens. Prebend House will cater for both the young and the old, and is yet another of the Institution's services based on our guiding principle of giving every blind person the maximum opportunity of sharing in, and contributing to, the life of the community.

The other new service inaugurated by the Institution during the year is

in connection with the provision of "talking books" to the blind. It is with pleasure that we have to report that during the year, with the co-operation of the Royal National Institute for the Blind, the Institution has provided 15 talking books to blind people, who, because of advanced age or because of other infirmities, are unable to read embossed literature and who sadly missed the reading they were able to enjoy before blindness. We are still awaiting delivery of a further 25 books to satisfy the needs of our blind people in this respect.

The Management Committee also wishes to draw attention to the fact that in the near future the Royal National Institute for the Blind is establishing a Training Centre for Blind Adolescents and we look forward to the opening of the Centre and to being able to send some of our local young blind people there.

The establishment of a Social Centre and Club and the provision of a talking book service were both referred to in our last Annual Report as desirable new services to be tackled during the year now ended.

These new services (like the majority of our services) have to be met entirely from voluntary funds.

Registration

On the 31st December, 1954, there were 684 blind people on the County register compared with 650 the previous year. Attention has been given during the year to ensure that any medical, surgical or optical treatment recommended by Ophthalmic Surgeons has been followed up and the following table shows the position in this respect for the year ended 31st December, 1954 :

Follow-up of Registered Blind and Partially-Sighted Persons

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year, in respect of which para. 7(c) of Form B.D.8 recommends :				
(a) No Treatment	31	5	1	44
(b) Treatment (Medical, Surgical or Optical)	37	5	-	20
(ii) Number of cases at (i) (b) above, which on follow-up action have received treatment ..	25	5	-	16

Home Teaching and Visitation

The Institution maintains constant personal touch with all our blind people, and since over 60 per cent are elderly, the majority are contacted in their own homes by regular visiting on the part of our eleven Home Teachers and Visitors. Our Home Teachers are the vital link between the blind people and our central administration. By regular visiting, our Home Teachers become the confidants of the blind, and are able to advise in their problems and anxieties.

One of the Institution's aims is to overcome the effects of blindness and our Home Teachers play a prominent part in this principle by visiting and advising, by teaching Braille, Moon and pastime occupations, and by the organisation of socials, handicraft centres and outings. In this way—whether the blind person be able-bodied or sick—and especially if he is despondent or lonely—new interests are created which are then encouraged and developed with a view to the blind person sharing in the life of the community.

Deaf/Blind

Special attention has been given during the year to a problem which is not numerically large but which nevertheless is one which individually requires the greatest patience, sympathy and understanding. Our Home Teachers have paid particular attention to the needs of our 41 deaf/blind people (14 of whom live in the county), and, in liaison with the Leicester and County Deaf and Dumb Mission, the Institution sponsored during the year two special social gatherings, one held at the Mission's Headquarters and the other at Abbey Park.

Every effort is made to bring these doubly-handicapped people out of their isolation and loneliness.

Rehabilitation

Seven county blind people have attended the three months' industrial residential course for rehabilitation during the year, an increase of two in comparison to the previous year. This course is essential to restore the confidence of the newly-blinded, and to adjust them to blindness. The course is always beneficial, and every newly-blinded person returns from the course full of confidence and eager to undertake further training to obtain full-time employment. The Institution is indeed grateful to the Ministry of Labour and National Service for the financial assistance afforded by them in connection with industrial rehabilitation and to the understanding and help provided by the Ministry's Disablement Resettlement Officers. The efforts of the staff of the Royal National Institute for the Blind at the Rehabilitation Centre have won recognition as being an outstanding example of modern blind welfare work.

Training Facilities

The Ministry of Labour and National Service recognises the Institution as an approved training establishment and during the year five county blind people have undertaken training courses in our technical training departments. A further four blind persons from the county have been trained on courses held at national level.

Employment

On the 31st December, 1954, every available trained blind person was in employment, and the committee would like to congratulate our working blind population on their obvious competence which has led to this satisfactory position. Employment is offered in three ways—in either open industry, that is in ordinary factories and offices, in the Institution's own workshops, and in the Institution's Home Workers Scheme.

The Institution must thank employers who, without any previous experience themselves, of the skills and efficiency of trained blind people, have given blind workers an opportunity of employment in their factories and offices.

Placement Service and Open Industry

As is to be expected with the growing desire of employers to engage blind people in open industry, the Institution is continually expanding its work of placing trained blind people in suitable work outside its own factory. The Institution is most appreciative of the great assistance rendered in this respect by the Disablement Resettlement Officers of the Ministry of Labour and National Service ; by the Leicester Branch of the Federation of Engineering and Allied Employers' Association and by the Personnel Officers and other staff of many industrial companies in our area. Remember that work in a factory or office means to a blind person that he is accepted as an ordinary citizen—the object of all our rehabilitation, training, employment and welfare schemes.

At the 31st December, 1954, 39 county blind people were engaged in sighted industry, showing a further increase of four on the previous year. Eight were employed as factory operatives, four as telephonists, and two as typists, the remainder being employed in smaller numbers in 13 other different types of jobs.

Workshops

The Institution's own workshops, where blind people are experts in basketry, boot repairing, mat-making, machine-knitted goods, cardboard box-making, brush-making, cane-seating, and firewood chopping, have provided full employment for 29 county blind people.

During the year, improvements, costing nearly £2,500 have been made to the brush department, the firewood department and the cardboard box-making department.

Such improvements tend to increase production and to make our articles even more competitive, both in price and in the high quality for which we are renowned, but the Management Committee, in reviewing the trading results of the workshops, must also place on record its appreciation of the co-operation received from the blind workers during the year.

The workshop trades are essentially crafts and it is the skill and concentration of the blind workers which are the chief attributes of the finished article.

Homeworkers

The expansion of the Homeworkers' Scheme which took place last year has been maintained and today there are eight county workers in the scheme. It is encouraging to report that the two county homeworkers who were assisted by way of capital expenditure ranking for Ministry of Labour grant during the year, are building up good businesses, and there is no doubt that the capital expenditure has assisted in this respect, and been appreciated by the workers concerned. The Institution, also, from its voluntary funds substantially helped three county homeworkers during the year.

Summer Holidays

As it is vitally important that blind people, whenever it is possible, should have a summer holiday, financial assistance amounting to over £2,000 was provided to nearly 500 blind people and their escorts in this respect. Nearly half the blind people visited hotel accommodation arranged by the Institution at Bournemouth and Skegness, the others being assisted to spend a holiday either at hotels or boarding houses in other resorts booked by themselves or with relatives. The majority were very substantially helped with their holiday expenses, usually contributing themselves 35s. per week towards the cost, the remainder, being in a better financial position, receiving smaller assistance from the Institution, in accordance with their needs.

District Social Centres

Our Social gatherings—never less than an average of one each week-day of the year and sometimes three or four—have continued at our ten District Social Centres, and the committee, above all, on behalf of the blind, has to thank all our voluntary helpers who do so much in helping to provide these social activities.

These District Social Centres—one in each Home Teacher's area and meeting either weekly or monthly—in no way conflict with membership of

Prebend House, which is an additional Club open to every blind person every day irrespective of the district in which they live.

Outings

Outings during the year, some of them especially for our blind children, were held as usual, some of the places visited being Mablethorpe, Hunstanton, Skegness, Stapleford Park, Newstead Abbey, Stoneleigh Abbey, and Leamington, the number of coaches varying from one to thirteen per outing.

Wireless

The Institution has continued to receive its allocation of wireless sets from the British Wireless for the Blind Fund, and these sets, together with those provided by well-wishers, have been distributed and installed by the Institution free of charge, our funds also meeting maintenance costs and the provision of batteries.

In conclusion the Institution would like to express its sincere appreciation of the support it receives from the County Council. We are confident that the services provided to the blind by our joint efforts are amongst the finest in the country. We believe it is essential for local authorities and voluntaryism to work together to relieve the handicap of blindness, and that only in this joint way can the very best services be provided to the blind. It is a pleasure to report that the harmonious relationship and mutual confidence existing between the County Council and the Institution ensures that progress in blind welfare work in Leicestershire will continue to be made.

Southern Regional Association for the Blind

An annual grant is made to this Association according to the officially recorded numbers of blind persons in the County. This Association maintains a central register of blind persons and is largely concerned with the promotion of blind welfare.

CRIPPLES WELFARE

An annual grant is made to the Leicestershire Voluntary Association for Cripples Welfare.

BLIND AND HANDICAPPED PERSONS FREE TRANSPORT PASSES

Under Section 30(ii) of the National Assistance Act, 1948, the County Council makes a grant to the following associations to cover the cost of expenditure on transport passes for blind and handicapped persons :

The Royal Leicester, Leicestershire and Rutland Institution for the Blind
The Leicester Guild of the Crippled
The British Legion (Leicester Branch)
The British Limbless Ex-Servicemen's Association.

DEAF AND DUMB

The County Council makes an annual grant to two voluntary organisations—The Leicester and County Mission for the Deaf and Dumb and the Loughborough and District Mission for the Deaf and Dumb. In addition, a grant is also made to the Leicester and District Social Club for the Hard of Hearing. This club conducts classes in lip reading and also arranges various social activities.

The following figures relating to county cases are supplied by the two Missions to the Deaf and Dumb and are exclusive of children of school age and under :

Leicester and County Mission	80 persons
Loughborough and District Mission	53 ,,

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

During the year two further persons were registered as daily minders. This brought the number of Daily Minders registered under the Act to seven and the number of children provided for to 28.

With regard to these small numbers, I think it should be pointed out that as there is a great demand for female labour in this county, there are a number of children who are being "daily minded" outside the provisions of the Nurseries and Child Minders Act. The knowledge that a child is being "daily minded" is usually obtained by the Health Visitor on her routine home visits, and as soon as she is aware of the position she visits the minder's home. If the home is unsatisfactory, she sees the child's parents and urges other placing for the child. In view of the fact that minders of one or two children are not obliged to register or supply information of any kind to this department, it is very difficult to obtain figures of any great accuracy of the extent of child minding and also of the movement of children.

NOTIFICATIONS OF INFECTIOUS DISEASES

The following tables give details of infectious diseases notified during the year :

Table I—Original and corrected notifications

Disease	Total cases (original notifications)	Total cases (corrected notifications)
Scarlet Fever	421	420
Whooping Cough	1,050	1,049
Acute Poliomyelitis : paralytic	9	7
non-paralytic	1	—
Measles	729	729
Diphtheria	1	—
Acute Pneumonia	328	328
Dysentery	213	221
Smallpox	—	—
Acute Encephalitis : infective	—	1
post-infectious	—	—
Enteric or Typhoid Fever	5	5
Paratyphoid Fevers	—	—
Erysipelas	45	46
Meningococcal Infections	16	13
Food Poisoning	33	23
Puerperal Pyrexia	16	15
Ophthalmia Neonatorum	1	1
Malaria	—	—

Table II—Corrected notifications in age groups

Disease	Age groups (years)							Totals	
	0—	1—	3—	5—	10—	15—	25 and over		
Scarlet Fever ..	3	34	70	259	40	5	7	2	420
Whooping Cough ..	87	229	289	408	20	—	11	5	1,049
Acute Poliomyelitis : Paralytic ..	—	1	—	4	—	1	1	—	7
Non-paralytic ..	—	—	—	—	—	—	—	—	—
Measles ..	22	130	170	366	20	7	6	8	729
Diphtheria ..	—	—	—	—	—	—	—	—	—

Table II—Corrected notifications in age groups—*continued*

Disease	Age groups (years)						Totals
	0-	5-	15-	45-	65 and over	Age unknown	
Acute Pneumonia ..	39	62	88	86	50	3	328
Dysentery	44	94	45	13	11	14	221
Smallpox	—	—	—	—	—	—	—
Acute Encephalitis :							
Infective	—	1	—	—	—	—	1
Post-infectious ..	—	—	—	—	—	—	—
Enteric or Typhoid							
Fever	—	—	5	—	—	—	5
Paratyphoid Fevers ..	—	—	—	—	—	—	—
Erysipelas	1	—	8	21	15	1	46
Meningococcal Infections	9	3	1	—	—	—	13
Food Poisoning	7	5	4	7	—	—	23

Disease	Age group not stated
Puerperal Pyrexia	15
Ophthalmia Neonatorum	1
Malaria	—

The tables below give year-by-year records in respect of Scarlet Fever, Whooping Cough, Measles, Diphtheria and Acute Poliomyelitis. It will be noted that the number of notifications and deaths compare very favourably with figures for the previous year. It is also very gratifying to be able to report that there were no deaths in the county due to poliomyelitis or polioencephalitis:

Scarlet Fever

Year	Notifications	Year	Notifications
1945	658	1950	529
1946	544	1951	305
1947	447	1952	468
1948	585	1953	492
1949	444	1954	420

Whooping Cough

Year	Notifications	Deaths	Death-rate per thousand notifications
1945	640	5	7.81
1946	1,027	8	7.78
1947	718	9	12.53
1948	1,701	6	3.52
1949	1,158	7	6.05
1950	1,232	1	0.81
1951	1,732	3	1.73
1952	1,047	3	2.87
1953	1,220	—	—
1954	1,049	3	2.86

Measles

Year	Notifications	Deaths	Death-rate per thousand notifications
1945	4,731	3	0.63
1946	632	—	—
1947	4,818	9	1.86
1948	4,013	1	0.24
1949	3,096	3	0.97
1950	4,056	3	0.74
1951	4,632	—	—
1952	1,902	—	—
1953	6,165	—	—
1954	729	—	—

Diphtheria

Year	Original notifications	Corrected notifications	Deaths
1901	247	—	53
1911	306	—	28
1921	404	—	28
1931	166	—	12
1941	605	—	3
1942	459	—	27
1943	144	—	7
1944	89	61	3
1945	84	63	7
1946	59	34	—
1947	32	13	1
1948	20	7	1
1949	15	3	1
1950	15	2	—
1951	5	—	—
1952	8	—	1
1953	6	—	—
1954	1	—	—

Acute Poliomyelitis

Year	Original notifications		Corrected notifications		Deaths (poliomyelitis and polio- encephalitis)
	Paralytic	Non-paralytic	Paralytic	Non-paralytic	
1944	2		2		—
1945	4		4		1
1946	1		1		—
1947	31		23		2
1948	15		9		1
1949	66		62		10
1950	46	14	41	10	8
1951	20	5	17	3	—
1952	13	3	11	2	—
1953	28	12	31	11	3
1954	9	1	7	—	—

SANITARY CIRCUMSTANCES OF THE AREA

I am grateful to Mr. S. A. Gregory, the County Sanitary Officer, for the particulars given in this section of the report, including Housing and the Inspection and Supervision of Food.

WATER SUPPLY

The rainfall figures given in the following table were recorded at the Wigston Urban District Council's Sewage Farm, Countesthorpe, and I am indebted to Mr. Gordon J. Wootton, M.I.Mun.E., M.R.San.I., Engineer and Surveyor to the Wigston Urban District Council, who kindly supplied the information :

Rainfall in 1954

Rain Gauge ..	Diameter of funnel ..	.. 8 in.
	Height of top above ground ..	.. 9 in.
	Height of ground above sea level ..	.. 256.85 ft.

Month	Total depth	Greatest fall in 24 hours		No. of days with 0.01 in. or more	No. of days with 0.04 in. or more
	Inches	Inches	Date		
January ..	1.05	.39	21	13	7
February ..	2.42	.38	10	21	15
March ..	1.93	.48	26	14	10
April ..	.40	.14	1	6	4
May ..	2.06	.71	29	20	11
June ..	2.42	.53	13	15	11
July ..	2.76	.56	17	19	14
August ..	3.69	.44	24	20	20
September ..	2.17	.41	20	19	16
October ..	2.85	.55	24	21	13
November ..	4.98	.87	6	24	18
December ..	2.45	.72	9	21	10
Total ..	29.18	—	—	213	139

The rainfall was above the average for the last ten years but the most striking feature compared with 1953, was the big increase in the number of days on which .01 inches or more and .04 inches or more rain was recorded. The respective figures were 213 (94) and 139 (111).

The following are the rainfall figures for the last ten years :

Year	Rainfall in inches		
1945	21.92	
1946	30.69	
1947	20.44	
1948	29.34	
1949	26.22	
1950	25.15	
1951	30.13	
1952	25.64	
1953	21.82	
1954	29.18	

The regular sampling of water supplies was carried out throughout the year and there were no complaints regarding the satisfactory quality of the mains water supplies. The unsatisfactory samples listed in the table which follows are in respect of the wells liable to pollution, and raw water before treatment :

District	Satisfactory		Unsatisfactory	
	Chemical	Bacterio-logical	Chemical	Bacterio-logical
Urban Districts				
Ashby-de-la-Zouch ..	—	—	—	—
Ashby Wouds ..	—	—	—	—
Coalville ..	—	22	—	9
Hinckley ..	4	24	2	10
Loughborough M.B.	8	28	—	—
Market Harborough	—	19	—	7
Melton Mowbray ..	7	5	—	4
Oadby	—	—	—	—
Shepshed ..	—	—	—	—
Wigston ..	—	—	1	—
Rural Districts				
Ashby-de-la-Zouch	—	9	—	10
Barrow-upon-Soar	—	12	—	6
Billesdon ..	1	18	—	11
Blaby	24	24	—	5
Castle Donington ..	2	41	—	—
Lutterworth ..	4	16	—	11
Market Bosworth ..	2	1	—	9
Market Harborough	—	2	1	7
Melton and Belvoir	19	16	23	26
Totals ..	71	237	27	115

For the first time since 1946, well supplies proved adequate in quantity in the rural areas, due no doubt to the amount of rain which fell in the summer months, and no water was carted on this account. There were some shortages in Ashby Woulds and Wigston Urban Districts and also in the Billesdon, Market Bosworth and Market Harborough Rural Districts, due to poor pressure in the water mains at times of heavy demand. This will not be remedied until the proposed River Dove Source has been developed.

The Urban District of Coalville completed the pump house at Holly Hayes and the main to Warren Hall was laid. The new supply from Holly Hayes should be available in the near future. Good progress was made with the new works for the Market Harborough Urban District and this source will also supply part of the Market Harborough and Lutterworth Rural Districts. In the Shepshed Urban District work was commenced on a Service Reservoir and pumping station to improve pressure to parts of the district.

Ashby-de-la-Zouch Rural District completed mains to Swopestone, Sinoe and the Altons, and a stand-by pump was installed at Heather. There only remains one village within this district without mains supply and a scheme has been submitted to the Ministry. A new pressure filter and filtered water tank together with booster pump was installed by the Blaby Rural District for their southern parishes scheme. Castle Donington Rural District laid a new main from Coppice Reservoir to the Park Lane Area to serve new development, including the power station which is under construction. New 9 in. and 6 in. mains were laid from Arnesby to the Knaptoft reservoir site in Lutterworth Rural District, and the Southern Area scheme for Market Bosworth Rural District was commenced with good progress. Market Harborough Rural District kept a water tank supplied at Husbands Bosworth for drinking purposes as the local wells were found to be badly polluted.

The various district housing schemes also necessitated the laying of new mains to supply new houses.

	Urban districts	Rural districts
Piped supplies substituted for well supplies ..	39	535
Wells closed	17	70
Wells cleansed, repaired, etc.	5	16

River Dove Scheme

The River Dove Managing Committee which was set up pending the formation of the Board, met as necessary during the year and much preparatory work was carried out. A Draft Order was submitted to the Ministry providing for the setting up of the River Dove Water Board and in July a Public Local Inquiry was held which lasted for two and a half days. A number of objections were heard by the Inspector and the result of the Inquiry was awaited at the end of the year.

The Board when formed will be responsible for abstracting water from the River Dove in Derbyshire and distributing it in bulk to 17 different water authorities, who will be responsible for the further distribution within their areas. The authorities concerned and the maximum daily quantity of water they expect to take are as follows :

Leicester Corporation	..	..	..	5,889,000 gallons
Loughborough Corporation	..	..	..	1,900,000 ,,
Swadlincote and Ashby Joint Water Board			..	1,250,000 ,,
Barrow-upon-Soar R.D.C.	..	..	..	11,000 ,,
Billesdon R.D.C.	..	..	..	159,000 ,,
Blaby R.D.C.	..	..	..	146,000 ,,
Castle Donington R.D.C.	..	..	..	613,000 ,,
Coalville U.D.C.	..	..	..	200,000 ,,
Hinckley U.D.C.	..	..	..	1,074,000 ,,
Lutterworth R.D.C.	..	..	..	233,000 ,,
Market Bosworth R.D.C.	..	..	..	331,000 ,,
Market Harborough R.D.C.	..	..	..	268,000 ,,
Melton and Belvoir R.D.C.	..	..	..	868,000 ,,
Melton Mowbray U.D.C.	..	..	..	537,000 ,,
Oakham R.D.C.	..	..	..	160,000 ,,
Oakham U.D.C.	..	..	..	100,000 ,,
Uppingham R.D.C.	..	..	..	100,000 ,,

The districts who require this additional water have in some cases laid mains with temporary sources of supply, but great care has been taken to see that these mains will eventually link up with the Board's distribution system.

The water available to the county districts at the present time does not allow a sufficient margin of safety and if there should be several seasons of low rainfall there may easily be a serious shortage of water. It is thus hoped that the Board will be formed without any undue delays and that the works will be carried out quickly.

SEWERAGE AND SEWAGE DISPOSAL

During the year a large number of sewerage schemes were commenced and a number completed. Most councils include the lateral connections as far as the property boundaries in the scheme and this has the advantage of encouraging house connections to the sewers without the need to press the owners. Pail closets continued to be emptied, mostly weekly, but labour difficulties particularly during times of sickness and holiday, were common. Owing to the wet weather a problem was encountered in finding suitable land where the night soil could be deposited and ploughed in, and in some cases controlled tips were used for this purpose.

The following is the position regarding various schemes and details of some which were completed or commenced during the year :

Ashby-de-la-Zouch Urban District

Starting date for New Packington Scheme expected shortly.

Coalville Urban District

Work commenced on new main drainage scheme—northern outfall. Ministry approval obtained for Melbourne Road scheme.

Hinckley Urban District

Sketchley disposal works extensions almost completed, and approval for Stoke Golding scheme received.

Loughborough Municipal Borough

Reconstruction of main sewage disposal works well advanced.

Market Harborough Urban District

Tests made to improve present effluent but no further work on major improvement scheme carried out.

Shepshed Urban District

Application made to Ministry to proceed with further extensions at sewage disposal works.

Wigston Urban District

Scheme for extension of sewage disposal works, pumping stations, etc., has been approved by the Ministry and loan sanction is awaited.

Ashby-de-la-Zouch Rural District

The Appleby Magna and Heather schemes were commenced and good progress was made at Heather. Approval given for the Worthington scheme.

Billesdon Rural District

Houghton-on-the-Hill scheme completed, Scrattoft, Thurnby and Bushby almost completed. Stoughton scheme held up through negotiations between the Council and the owners of several large farms, who had undertaken to contribute towards the cost of the scheme.

Blaby Rural District

Drainage of ten houses with ejector plant at Aston Flamville completed. Cosby Road, Countesthorpe sewer extension completed. Extension to Enderby sewage works in progress. Kilby sewerage scheme under construction. Blaby and Whetstone works—tender for extensions accepted. Thurlaston scheme—tenders invited. Elmesthorpe sewerage scheme submitted for approval.

Castle Donington Rural District

A six-inch sewer extension was completed at Belton and a start made on the Castle Donington sewage work extensions. Approval also received to improve the Kegworth disposal works by new automatic pumps and increased settling capacity.

Lutterworth Rural District

The Ullesthorpe, Claybrooke Magna and Parva scheme commenced, but work confined to sewers.

Market Bosworth Rural District

Bagworth pumping main completed and a start made on the Battram section. Bosworth Park scheme completed. Nailstone scheme commenced and application to proceed with part two made. Extensions to sewage works at Desford and Ratby commenced.

Market Harborough Rural District

East Langton scheme completed and with exception of one property, all are served by the new works. Tenders accepted for the Theddingworth scheme.

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-1951

The following schemes have been submitted with application for grant aid under these Acts during the year :

Sewerage and Sewage Disposal			Estimated cost £
Local Authority	Parishes and Areas affected		
Castle Donington R.D.C. . .	Castle Donington .. ..	.. ..	30,900
Market Bosworth R.D.C. . .	Ibstock .. ..	.. ..	13,750
Market Bosworth R.D.C. . .	Bosworth Park .. ..	.. ..	3,525
Ashby R.D.C.	Measham (Bosworth Road) ..	.. ..	6,700
Ashby R.D.C.	Packington (as amended) ..	.. ..	18,500
Ashby R.D.C.	Osgathorpe .. ..	.. ..	18,800
Barrow R.D.C.	Cossington .. ..	.. ..	31,800

Water Supplies			Estimated cost £
Local Authority	Parishes and Areas affected		
Melton and Belvoir R.D.C. . .	Saxby .. ..	.. ..	4,185
Melton and Belvoir R.D.C. . .	Hoby .. ..	.. ..	1,650
Melton and Belvoir R.D.C. . .	Redmile, Barkestone and Plungar ..	.. ..	21,500
Melton and Belvoir R.D.C. . .	Hose and Harby (extensions) ..	.. ..	3,730
Melton and Belvoir R.D.C. . .	Croxton Kerrial, Saltby and Sproxton (extensions) .. ..	.. ..	17,000
Hinckley U.D.C. . .	Rogues Lane .. ..	.. ..	2,000
Blaby R.D.C.	Stoney Stanton (Broughton Road) ..	.. ..	750
Castle Donington R.D.C. . .	Kegworth (Long Lane) .. ..	.. ..	3,850

The above 15 schemes brings the total up to 144 which have now been

considered. These involve 66 for water supply and 78 for sewerage and sewage disposal.

The following provisional grants under the Acts were indicated during the year.

Sewerage and Sewage Disposal

Local Authority	Scheme	Estimated Cost	County		
			Council Grant	Ministry Grant	£
Market Harborough R.D.C.	East and West Langton	26,000	7,800	13,000	
Market Bosworth R.D.C...	Bagworth and Ibstock (Battram)	33,500	9,250	15,000	
Market Bosworth R.D.C...	Bosworth Park	3,000	750	1,500	
Ashby R.D.C.	Heather	28,100	12,000	12,000	
Market Bosworth R.D.C...	Nailstone	15,600	3,800	8,000	
Blaby R.D.C.	Enderby Sewerage Works	15,650	*6,000	—	
Ashby R.D.C.	Appleby Magna ..	44,200	12,000	20,000	
Ashby R.D.C.	Worthington	24,400	6,000	12,000	
Barrow R.D.C.	Queniborough	25,572	8,000	8,000	
Billesdon R.D.C.	Scraptoft and Thurnby	45,000	13,500	21,000	
Blaby R.D.C.	Sharnford, Stoney Stanton, Sapcote ..	100,000	29,000	42,000	
Market Bosworth R.D.C...	Desford	20,250	5,600	9,000	
Market Bosworth R.D.C...	Ratby	10,350	2,500	2,500	
Market Harborough R.D.C.	Saddington	10,756	3,300	6,500	
Lutterworth R.D.C. ..	Ullesthorne, Claybrooke Magna, Claybrooke Parva	53,050	16,000	21,000	

*Grant under P.H. Act, 1936, Sec. 307

Water Supplies

Local Authority	Scheme	Estimated Cost	County		
			Council Grant	Ministry Grant	£
Blaby R.D.C.	Thurlaston	9,000	2,500	2,500	
Market Bosworth R.D.C...	Barlestorne, Newbold Verdon, Nailstone, Osbaston		Annual contri-		
Lutterworth R.D.C. ..	Regional Scheme (N. and E. Area, Part I) ..	37,890	butions	12,000	
Blaby R.D.C.	Stoney Stanton (Broughton Road) ..	29,334	11,475	12,000	
Barrow R.D.C.	Burton-on-the-Wolds and Wymeswold ..	750	—	—	
Barrow R.D.C.	Beeby	13,564	4,300	5,000	
Billesdon R.D.C.	Newton Harcourt ..	2,080	400	400	
Billesdon R.D.C.	Tugby	2,991	600	600	
Market Bosworth R.D.C...	S. Area Water Scheme..	5,400	1,300	3,000	
		56,450	19,000	19,000	

Sanitary Inspection by District Councils

SANITARY INSPECTION

District	No. of complaints received (a)	No. of premises where defects or nuisances dealt with (b)	No. of defects or nuisances dealt with in (b)	No. of Inspections made	Number of Notices served			Summary action Convic- tions obtained
					Preliminary		Statutory	
					Housing	Other	Housing	Other
Urban Districts								
Ashby-de-la-Zouch ..	512	392	611	1,686	41	172	—	—
Ashby Woulds ..	82	71	79	434	3	27	—	—
Coalville ..	332	1,390	1,707	4,673	39	222	—	2
Hinckley ..	363	1,903	943	8,672	105	152	1	—
Loughborough M.B.	484	439	742	16,037	16	423	11	—
Market Harborough ..	339	742	1,039	3,013	93	111	46	—
Melton Mowbray ..	165	254	382	2,682	37	48	12	—
Oadby ..	17	17	25	2,486	1	57	—	—
Shepshed ..	97	68	88	1,702	40	12	7	1
Wigston ..	209	486	445	2,205	12	425	—	—
Rural Districts								
Ashby-de-la-Zouch ..	82	79	186	3,802	8	81	—	2
Barrow-upon-Soar ..	621	941	1,180	6,634	—	—	—	—
Billesdon ..	180	180	180	4,252	—	100	—	—
Blaby ..	..	309	424	5,651	—	—	—	—
Castle Donington ..	441	352	352	1,363	24	65	—	—
Lutterworth ..	..	208	44	1,052	—	44	—	1
Market Bosworth ..	167	133	114	5,171	—	123	—	8
Market Harborough ..	158	151	206	6,355	44	52	—	—
Melton and Belvoir ..	528	631	631	5,161	19	8	—	—
Totals ..	5,294	7,697	9,857	83,031	482	2,122	83	291
								5
								4

CLOSET ACCOMMODATION

The following table shows the position as regards closet accommodation in the County at 31st December, 1954, and includes details of conversions.

District	Privies	Pail closets	Water closets	Total	Converted to Water closets		Privies converted to Pail closets
					Privies	Pail closets	
Urban Districts							
Ashby-de-la-Zouch	..	33	27	1,990	2,050	2	1
Ashby Woulds	..	4	36	1,056	1,096	1	1
Coalville	..	48	126	8,663	8,837	11	—
Hinckley	..	—	216	12,817	13,033	—	—
Loughborough M.B.	..	15	92	15,094	15,201	5	—
Market Harborough	..	—	15	4,969	4,984	—	—
Melton Mowbray	..	—	8	4,600	4,608	—	—
Oadby	..	—	12	2,469	2,481	—	—
Shepshed	..	29	139	2,111	2,279	33	—
Wigston	..	—	23	5,500	5,523	—	—
Rural Districts							
Ashby-de-la-Zouch	..	326	1,369	2,534	4,229	—	4
Barrow-upon-Soar	..	30	1,295	15,220	16,545	—	45
Billesdon	..	4	664	1,950	2,618	—	72
Blaby	..	2	1,024	11,630	12,656	—	232
Castle Donington	..	38	124	3,057	3,219	2	1
Lutterworth	..	34	1,708	1,890	3,632	—	169
Market Bosworth	..	4	1,928	6,496	8,428	1	71
Market Harborough	..	157	48	2,812	3,017	6	10
Melton and Belvoir	..	320	2,839	2,489	5,648	8	64
Totals	1,044	11,693	106,347	120,084	32	9

COMPLAINTS

The following complaints were received during the year and were referred to district officers :

General sanitary matters ..	..	..	25
Housing ..	..	..	53
Water supplies ..	..	..	5
			—
			83
			—

Public Cleansing

In all districts the refuse collection continued to be carried by direct labour and the following table shows the frequency of refuse collection, vehicles used and methods of disposal of refuse :

District	No. of vehicles used	Frequency of Refuse Collection	Method of Disposal		
			No. of Controlled Tips	No. of Crude Tips	Incineration
Urban Districts					
Ashby-de-la-Zouch ..	2	Weekly	2	—	—
Ashby Woulds ..	1	Weekly	1	—	—
Coalville ..	6	Weekly	2	—	—
Hinckley ..	7	Weekly	1	1†	—
Loughborough M.B.	10	8-10 days	1*	—	—
Market Harborough ..	1	Weekly	1	—	1
Melton Mowbray ..	2	Weekly	1	—	—
Oadby ..	1	9-10 days	1	—	—
Shepshed ..	1	Weekly	—	1	—
Wigston ..	3	Weekly	1	—	—
Rural Districts					
Ashby-de-la-Zouch ..	4	10-16 days	3	1	—
Barrow-upon-Soar ..	11	Weekly	2	—	—
Billesdon ..	2	Weekly	1	—	—
Blaby ..	9	Weekly	1	—	—
Castle Donington ..	2	10 days	2	—	—
Lutterworth ..	4	Weekly	—	3	—
Market Bosworth ..	5	Weekly	—	5	—
Market Harborough ..	3	Fort-nightly	—	4	—
Melton and Belvoir ..	3	Weekly	4	—	—
Totals ..	77	—	24	15	1

*Consolidation of refuse by mechanical bulldozer and lifting of soil and resoilng by scraper and bulldozer.

†Partially controlled for trade refuse. Most of combustible material burnt.

Camping Sites and Caravans

Sixty-three sites were used for camping in the county during the year and 49 of the sites were licensed by the district councils; 47 of the licensed sites were again in the Barrow-upon-Soar area where the Charnwood Forest district is very popular.

The number of licenses issued for caravans under Section 269 of the Public Health Act, 1936, was 316. This figure is almost 50 more than in the previous year and it appears that the removal of building licence restrictions has not had any immediate effect towards reducing the number of caravans used as permanent homes.

Shops Act, 1950

With the functions delegated from the County Council, the districts now supervise washing facilities, lighting and facilities for taking meals, sanitary conveniences, ventilation and temperature in shops. The following table summarises the work carried out during the year :

Defects	Outstanding from previous year	Defects found	Defects remedied	Outstanding 31st Decem- ber, 1954
Sanitary conveniences ..	5	48	46	7
Temperature ..	-	12	11	1
Ventilation ..	-	17	17	-
Washing facilities ..	7	43	46	4
Lighting ..	-	7	15	-
Facilities for taking meals	-	7	4	2
Exhibition of notices ..	4	1	5	-

Swimming Baths and Pools

There are eight public and five private swimming baths and pools in the urban districts. The public baths are under regular supervision and most are tested daily for efficient chlorination. 85 inspections were made and all the samples taken were found to be satisfactory.

In the rural districts there are six privately-owned pools and those available to the public are visited from time to time. The weather during the summer months was not ideal for open air swimming and the lack of facilities in some areas did not result in so much river bathing.

The Pet Animals Act, 1951

Twenty-four premises were registered under the Act involving 75 visits of inspection. No contraventions of consequence were noted, although in one instance the R.S.P.C.A. were consulted regarding possible overcrowding.

Prevention of Damage by Pests Act, 1949

The regular inspection of districts, and the treatment of sewers, refuse tips and other properties liable to infestation was continued throughout the year. According to the size of the districts and the rodent population, full-time or part-time operators are employed under the supervision of the sanitary inspectors. Once again there were no reports of infestations getting out of control.

Rag Flock and Other Filling Materials Order, 1951

The number of premises registered for upholstery and the storage of rag flock remained unaltered from the previous year at 18 and five respectively. Five samples involving black fibre, ginger fibre, sheet wadding (two) and rag flock were taken by one authority and all passed the prescribed tests.

HOUSING

During the year, 2,903 applications for council houses were received by the district councils, making the total number of outstanding applicants at December 31st, 1954, 10,235 or 66 more than at the end of the previous year. 1,317 houses were completed by local authorities and 1,386 by private enterprise, which is a total increase of 104 over 1953. In addition, there were 2,773 houses under construction at the end of the year. The number of houses built and under construction by private enterprise was very noticeable, and the effect of the removal of licence restrictions is becoming more apparent. The following table gives details of the building situation throughout the county :

District	Total Number of Post-war Houses Built		Houses completed during year 1954			Houses in course of erection at end of year		
	Local Auth'y.	Private Enter- prise	Local Auth'y.	Local Auth'y.	Private Enter- prise	Local Auth'y.	Local Auth'y.	Private Enter- prise
Urban Districts								
Ashby-de-la-Zouch	254	5	—	28	12	—	6	19
Ashby Woulds ..	212	16	—	—	18	—	—	7
Coalville ..	788	332	—	84	74	—	40	34
Hinckley ..	1,316	631	—	119	222	—	106	265
Loughborough M.B.	1,303	270	—	128	58	—	112	83
Market Harborough	409	115	—	68	7	—	38	15
Melton Mowbray ..	571	173	—	116	50	—	138	25
Oadby ..	192	256	—	28	129	—	14	157
Shepshed ..	300	79	—	10	21	—	8	45
Wigston ..	648	379	—	122	169	—	62	157
Rural Districts								
Ashby-de-la-Zouch	388	106	—	12	20	—	15	17
Barrow-upon-Soar ..	1,486	835	96	136	213	32	104	216
Billesdon ..	236	303	—	†24	10	—	22	114
Blaby ..	1,025	908	—	92	219	68	66	320
Castle Donington ..	360	100	—	24	16	—	94	14
Lutterworth ..	364	127	—	14	23	—	92	15
Market Bosworth ..	1,026	408	—	56	75	—	32	56
Market Harborough	368	60	46	18	17	12	6	6
Melton and Belvoir	479	147	—	96	33	—	124	17
Totals ..	11,725	5,300	142	1,175	1,386	112	1,029	1,582

*Prefabricated Permanent

†In addition, 150 houses were built in the area by the Leicester City Council

DISTRICT	INSPECTION OF DWELLING HOUSES DURING YEAR			ACTION UNDER STATUTORY POWERS DURING YEAR						
	Total No. of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	No. of dwelling houses inspected and recorded under the Housing (Consolidated) Regulations, 1925 and 1932 (included in previous column)	No. of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	No. of dwelling houses rendered fit as a result of informal action by the local authority under the Public Health or Housing Acts	Housing Act, 1936, Sections 9, 10, 11 and 16	Public Health Acts	Housing Act, 1936 Sections 11, 12 and 13			Local Government (Misc. Provisions Act, 1953)
Urban Districts										
Ashby-de-la-Zouch ..	94	—	3	75	—	—	—	3	—	—
Ashby Woulds ..	37	—	34	37	—	1	—	—	—	—
Coalville ..	157	55	55	119	15	65	10	4	2	—
Hinckley ..	355	98	98	195	1	—	8	—	—	—
Loughborough M.B.	907	28	879	424	4	—	—	—	—	—
Market Harborough	218	8	7	57	—	—	—	—	—	6
Melton Mowbray	181	25	25	66	4	—	—	—	—	20
Oadby ..	13	—	—	9	—	1	—	13	3	9
Shepshed ..	152	10	8	30	—	2	1	—	—	—
Wigston ..	216	—	42	145	—	36	2	—	—	—
—	—	—	—	—	2	—	—	3	—	—
Rural Districts										
Ashby-de-la-Zouch ..	639	—	199	81	—	10	1	—	—	4
Barrow-upon-Soar ..	840	90	256	188	2	61	16	3	—	6
Billesdon ..	76	—	1	70	1	—	—	—	—	—
Blaby ..	239	50	50	53	—	6	8	3	—	13
Castle Donington ..	140	—	—	89	—	89	6	—	—	—
Lutterworth ..	165	—	7	46	—	1	—	—	—	6
Market Bosworth ..	1,787	—	5	114	—	8	—	5	—	—
Market Harborough	276	—	10	15	—	—	—	5	—	1
Melton and Belvoir ..	970	685	79	27	19	8	1	—	—	—
Totals ..	7,462	1,049	1,758	1,840	46	290	53	39	5	65

Very few converted huts on old service sites are still occupied, but the problem of keeping even a limited number reasonably wind and watertight is difficult due to the shortage of labour for such jobbing repairs.

Much preparatory work in connection with slum clearance procedure is necessary and cannot show concrete returns for lengthy periods. It is not until the people are rehoused and the houses demolished that the results of the hard work involved becomes apparent to the public. The real problem will be the allocation of suitable alternative accommodation, particularly to the many old folks living in substandard cottages, at a reasonable rent.

It is disappointing to record that although there was an increase in the number of applications made and approved for improvement grants under the Housing Acts, 1949, the easing of the controls over grants does not appear to have had the effect of encouraging owners of rented property to carry out large-scale improvements. Owner-occupiers are attracted by the grants to provide bathrooms and hot water systems in particular and although this is desirable, the real intention of the Act has not yet been achieved ; 325 applications for grant were received by the councils during the year, of which 267 were approved.

Summary of Housing Work

Fifty-three houses were demolished as a result of formal or informal procedure under Section 11 of the Housing Act, 1936, with 166 persons displaced. 39 houses were closed and 117 persons displaced in pursuance of an undertaking given by the owners under Section 11 and still in force. Five parts of buildings were closed, Section 12 displacing 14 persons. Under the Local Government (Miscellaneous Provisions) Act, 1953, 65 Closing Orders were made under Section 10 (1) with 120 persons displaced. In Clearance Areas nine houses were demolished.

Overcrowding

The overcrowding records of most of the district councils are so out of date as to be unreliable and cannot give a true picture of the situation. A comprehensive review would be necessary to produce accurate figures since fresh cases only come to light through complaints, applications for houses or routine inspections, and in addition there is a movement of families between houses and districts. For this reason no figures are included in the report.

It would appear that there are not a large number of statutorily overcrowded houses from which families await rehousing at the present time. However, using a "bedroom only" standard, many more families require a larger house. The tendency towards smaller families will no doubt be reflected in the general overcrowding situation.

INSPECTION AND SUPERVISION OF FOOD

BIOLOGICAL MILK SAMPLING

The usual system of co-ordinated sampling to a programme was again carried out and worked well with no duplication or overlapping of sampling. The number of producer/retailers continues to fall and the introduction of a Specified Area in the North and West of the county eliminated all non-designated milk in the districts concerned. With the survey of the rest of the county completed, it is hoped that the remaining districts will be specified in the near future.

Eight hundred and seventy-four routine samples were taken during the year and the post-mortem examination of the guinea pigs revealed evidence of infection with *Myco. tuberculosis* in 11 cases. These and 10 others reported by outside authorities were referred to the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries for investigation. As a result, 14 cows were slaughtered under the Tuberculosis Order, 1938, and all were found to have tuberculous udders. Four notices under Regulation 20 of the Milk and Dairies Regulations, 1949, were served by the District Medical Officers where suspicious cows were not discovered by the Veterinary Officers from clinical examination of the herds and microscopical examination of milk samples. These notices were withdrawn on receipt of the final certificates that the herds were free from infection.

Dr. N. S. Mair, the Director of the Public Health Laboratory again co-operated whole-heartedly with *Brucella abortus* investigations ; 69 routine samples were reported to be positive, and 1,162 individual samples of milk were taken in follow-up work. Dr. Mair perfected a technique for direct culture examination of individual samples and as a paper will shortly be published on this work, it is not proposed to make more than a passing reference to it. To be able to know within seven days whether a sample of milk is infected with *Brucella abortus* is a big step forward in dealing with the problem and should reduce arguments that arose in the past over action being taken based on results from samples taken seven weeks beforehand. It was not found necessary to serve notices under Regulation 20 of the Milk and Dairies Regulations, 1949, in the majority of cases, as it was possible to arrange for the milk from positive cows to be pasteurised until the cows were removed from the herds. Undertakings were accepted from some farmers to send suspicious milk for pasteurisation where only a small quantity of milk was retailed and the remainder was sent to a pasteurising dairy as routine procedure.

It gives me great pleasure to record my appreciation of the co-operation and interest shown in this work both by Dr. N. S. Mair, the Director of the Leicester Public Health Laboratory Service and Mr. J. H. Findlay, the Divisional Veterinary Officer. The close liaison which has been established between the officers concerned with this work throughout the county has enabled the sampling to be carried out efficiently and with the minimum of inconvenience to everyone engaged in the milk trade.

Clinical Examinations and Tuberculin Testing of Cattle

The following is a summary of reports made by the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries :

	No. of herd inspections	No. of cattle examined
(a) Clinical examination of dairy cattle :		
“Tuberculin Tested” and “Certified” herds	998	46,565
“Accredited” or Standard herds	..	9,060
Non-designated herds	..	8,426
(b) Tuberculin testing of “Tuberculin Tested” herds :		
Number of cattle tested	..	53,753
Number of reactors found	..	366 (0.68%)
(c) Number of cows slaughtered under the Tuberculosis Order, 1938	..	35

Pasteurised and Sterilised Milk Plants

Sixteen pasteurised and one sterilised milk plants were licensed and supervised by the County Council as the Food and Drugs Authority.

Though the overall number of plants licensed increased during the year by one, by the end of the year two dairies had ceased to process milk.

In one case where the sterilising and pasteurising plants were being operated under conditions in converted factory premises which were by no means ideal, this cessation was welcomed. In the other, where the milk was being sold wholesale in bulk only, the retailers were able to obtain bottled pasteurised milk from another dairy in the same district.

During the year, 797 inspections were made of the plants and 1,017 samples of pasteurised and sterilised milk were taken at the dairies by the County Sanitary Department. Regular examinations were also carried out on the bacteriological state of dairy equipment.

The steady increase, year by year, in the amount of milk being pasteurised was maintained. In some dairies this represented nearly 100 per cent increase.

In some cases this was probably caused by the introduction of the first Specified Area within the county.

The following table summarises the types of plant in operation and the average daily output :

Type of Plant	Capacity in gallons per hour	Approximate daily output in gallons	Efficiency
H.T.S.T. ..	800	6,000	Excellent
H.T.S.T. ..	350	2,500	Excellent
H.T.S.T. ..	400	1,200	Excellent
H.T.S.T. ..	150	680	Excellent
H.T.S.T. ..	350	1,050	Excellent
H.T.S.T. ..	350	650	Excellent
H.T.S.T. ..	220	1,000	Good
Holder .. (continuous)	400	2,150	Excellent
Holder ..	200	600	Excellent
Holder ..	100	400	Excellent
Holder ..	100	100	Excellent
Holder ..	75	280	Excellent
Holder ..	75	180	Fair
Holder ..	75	140	Excellent

Specified Area

On the 1st October, the first "Specified Area" in this county was brought into force. Under Ministry Order, as from that date, only designated milk could be retailed within the following districts : The Municipal Borough of Loughborough, the Urban Districts of Ashby-de-la-Zouch, Ashby Woulds, Coalville, Shepshed, and the Rural Districts of Ashby-de-la-Zouch and Castle Donington.

The control of the specified area was delegated to the County Sanitary Department and it was found that the changeover worked very smoothly. The main difficulty at that time was the shortage of narrow-necked bottles to take the overlapping caps as required for tuberculin tested and pasteurised milks, the two main designated milks.

This shortage was aggravated by the coinciding of the date of operation of the five-year-old Order which also required that pasteurised milk throughout the country should be retailed in bottles with overlapping caps.

Milk Supplies to Schools, etc.

The County Sanitary Department supervises the milk supplies to 321 establishments throughout the county, namely 300 schools, two residential schools and 19 county homes, children's homes and day nurseries.

Nine hundred and forty-four samples of milk were taken for examination by the Public Health Laboratory during the year.

The following table shows the various types of milk supplied to the schools at the end of the year. All raw milk supplies to schools are frequently submitted for biological examination and are kept under review to effect a change when the opportunity arises :

Schools Supplies at 31st December, 1954

Schools	"Tuberculin Tested"	"Pas- teurised"	"Accred- ited"	Undesig- nated	Totals
Secondary Grammar ..	1	11	—	—	12
Secondary Technical ..	—	3	—	—	3
Secondary Modern ..	—	25	—	—	25
Primary	30	229	—	—	259
Nursery	—	1	—	—	1
Residential	—	2	—	—	2
Totals	31	271	—	—	302
Comparable figures at 31st December, 1953	39	254	2	2	297

Milk and Dairies Regulations 1949

District	No. on Register	Inspections				Contraventions			
		Dairies	Distribu-tors	Dairies	Distribu-tors	Dairies	Found	Remedied	Distributors
									Out-standing, 31.12.54
Urban Districts									
Ashby-de-la-Zouch	..	4	11	18	—	—	—	—	—
Ashby Woulds	..	—	5	—	—	—	—	—	—
Coalville	..	12	37	41	62	1	—	—	—
Hinckley	..	11	16	29	32	20	10	—	7
Loughborough M.B.	..	16	7	36	40	—	7	—	8
Market Harborough	..	3	3	24	—	—	—	—	—
Melton Mowbray	..	6	1	17	2	3	1	—	—
Oadby	..	1	4	3	—	—	—	—	—
Shepshed	..	6	1	46	—	—	—	—	—
Wigston	..	2	32	10	50	—	—	2	—
Rural Districts									
Ashby-de-la-Zouch	..	2	19	6	29	—	—	—	—
Barrow-upon-Soar	..	8	—	90	8	8	8	—	—
Billesdon	..	—	—	—	—	—	—	—	—
Blaby	..	10	25	27	34	1	1	—	1
Castle Donington	..	—	15	—	26	—	—	—	—
Lutterworth	..	4	4	16	16	—	—	—	—
Market Bosworth	..	19	121	31	57	7	7	—	1
Market Harborough	..	3	6	30	39	—	—	—	—
Melton and Belvoir	..	3	42	12	155	—	—	—	—
Totals	110	349	439	550	47	42	11	30	31
									8

ICE CREAM

District	Number of premises registered		Number of samples collected					Total
	Manufacture and Retail	Manufacture only	Grade 1	Grade 2	Grade 3	Grade 4		
Urban Districts								
Ashby-de-la-Zouch	21	5	—	—	—	5
Ashby Wouds	—	—	—	—	—	—
Coalville	1	76	18	1	—	19
Hinckley	5	—	—	—	—	—
Loughborough M.B.	5	137	19	2	—	34
Market Harborough	—	—	—	—	—	—
Melton Mowbray	—	—	—	—	—	6
Oadby	2	—	—	—	—	—
Shepshed	—	—	—	—	—	23
Wigston	—	—	—	—	—	37
Rural Districts								
Ashby-de-la-Zouch	1	—	36	22	7	1
Barrow-upon-Soar	3	—	103	25	6	32
Billesdon	—	—	10	9	3	12
Blaby	—	—	68	38	23	61
Castle Donington	—	—	23	—	—	—
Lutterworth	3	—	35	3	—	3
Market Bosworth	2	—	48	—	—	—
Market Harborough	—	—	20	—	—	—
Melton and Belvoir	—	—	48	12	1	13
Totals	31	—	778	197	71	275

Per cent of samples within Grade I 71.6 per cent
 Per cent of samples within Grades I and II 97.4 per cent

MEAT INSPECTION

For the first six months of the year there were four regional slaughterhouses operating in the county. From the beginning of July the system of private slaughtering was allowed and the district councils had the task of deciding which slaughterhouses should be licensed. A meeting was arranged between the sanitary inspectors concerned and minimum standards were agreed upon so that there would be a degree of uniformity both for the standards set and the requirements to be complied with before licences would be recommended.

Considering that there was very short notice for such a major change in slaughtering policy and that the Inter-Departmental Committee's recommendations on the siting of regional slaughterhouses was awaited, the change-over was effected with the minimum of inconvenience to the public or the trade. One hundred and twenty slaughterhouses were licensed at the end of the year and these are scattered throughout the county, making the duty of meat inspection, in the rural districts in particular, onerous. Hours of slaughtering cannot be prescribed to help in this matter and the sanitary inspectors who undertake the meat inspection duties, working regular overtime and at week-ends too, are to be commended. There is an insufficient number of qualified inspectors to allow this work to be carried out on a rota system and in the winter months, when travelling at night between isolated villages is difficult, it will be a big strain on the ever-willing staff.

The following tables give details of the slaughterhouses, knackers' yards, the animals slaughtered and inspected, and the particulars of the meat condemned:

District	No. of slaughter houses		Total No. of animals slaughtered	Total No. of animals examined	No. of knackers' yards	No. of inspections
	R	P				
Urban Districts						
Ashby-de-la-Zouch	—	2	2,444	2,444	—	—
Ashby Woulds ..	—	3	169	169	—	—
Coalville	1	6	17,721	17,721	—	—
Hinckley	1	7	12,574	12,574	1	11
Loughborough M.B.	—	7	3,565	3,565	1	20
Market Harborough	1	1	9,905	9,905	—	—
Melton Mowbray..	1	1	11,235	11,235	1	5
Oadby	—	3	2,036	2,036	—	—
Shepshed	—	1	374	374	—	—
Wigston	—	2	1,807	1,765	1	2
Rural Districts						
Ashby-de-la-Zouch	—	6	1,605	1,605	2	9
Barrow-upon-Soar	—	15	4,409	4,409	2	25
Billesdon	—	3	not known	37	—	—
Blaby	—	12	3,312	3,312	—	—
Castle Donington	—	3	5,021	5,021	1	4
Lutterworth ..	—	14	1,009	1,009	1	2
Market Bosworth..	—	16	5,985	5,800	—	—
Market Harborough	—	4	672	672	—	—
Melton and Belvoir	—	14	1,775	1,775	1	6
Totals ..	4	120	85,618	85,428	11	94

Carcases Inspected and Condemned at Four Regional Slaughter Houses

	Cattle exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs	Total weight in lb.
Number killed (if known)	10,433	1,745	1,162	47,500	24,374	—
Number inspected ..	10,433	1,745	1,162	47,458	24,374	—
All Diseases except Tuberculosis :						
Whole carcases condemned ..	19	16	59	159	48	46,094
Carcases of which some part or organ was con- demned	1,748	574	22	2,386	1,370	52,627
Percentage of number in- spected affected with disease other than tuber- culosis	16.9%	33.8%	6.9%	5.3%	5.8%	—
Tuberculosis only :						
Whole carcases condemned ..	31	24	1	—	11	39,461
Carcases of which some part or organ was con- demned	926	382	4	—	671	51,934
Percentage of number in- spected affected with tuberculosis	9.1%	23.2%	0.43%	—	2.8%	—

FOOD AND DRUGS

Food and Drugs Act, 1938

The provision of the Food and Drugs Act, 1938, relating to the composition and adulteration of food and drugs, were administered by the Weights and Measures Inspectors of the County Council. The following is a summary of the samples taken during 1954 and the County Analyst's reports :

		Number Analysed	Number Unsatisfactory	Remarks
Milk	..	..	217	22
				Added water—6
				Deficient in milk fat—15
				Deficient in milk fat and contained added water
Almonds, Ground	..	..	1	—
Arrowroot, Ground	..	..	1	—
Baking Powder	..	..	2	—
Black Currant Juice	..	..	1	—
Butter	..	..	4	—
Coffee	..	..	2	—
Cream	..	..	4	—
Curry Powder	..	..	2	—
Faggots	..	..	1	—
Fish Cakes	..	..	2	—
Glace Cherries	..	..	1	—
Ice Cream	..	..	20	—
Jam—Strawberry	..	..	1	—
Jelly	..	..	3	—
Jelly Crystals	..	..	1	—
Lard	..	..	7	—
Lemon Curd	..	..	1	—
Margarine	..	..	5	—
Marzipan	..	..	1	—
Meat—Potted	..	..	1	—
Milk—Evaporated	..	..	1	—
Mustard	..	..	2	—
Oranges	..	..	8	1
Parsley	..	..	1	Contained Thiourea
Pepper	..	..	5	—
Pudding—Christmas	..	..	1	—
Rice	..	..	1	—
Sage and Onion Stuffing	..	..	1	—
Salad Cream	..	..	5	—
Sausages—Beef	..	..	14	1
Sausages—Pork	..	..	24	Contained preservative— [no notice of declaration
Self-Raising Flour	..	..	2	—
Soup	..	..	3	—
Steak and Kidney Pie	..	..	1	—
Tea	..	..	2	—
Tomato Ketchup	..	..	2	—
Vinegar Malt	..	..	2	—
		<hr/>	<hr/>	
		352	24	
		<hr/>	<hr/>	

			Number Analysed	Number Unsatisfactory	Remarks
--	--	--	--------------------	--------------------------	---------

Wines, Spirits, etc.

Beer	..	..	..	4	-
Brandy	..	..	..	1	-
Gin ..	..	..	..	17	1 Under-proof
Rum	..	..	..	4	-
Whisky	..	..	..	16	-
				—	—
				42	1
				—	—

Medicines, Tonics, etc.

			Number Analysed	Number Unsatisfactory	Remarks
Anti-Fever Powder	..	..	1	-	
Bismuth Soda—Pepsin Mixture	..		1	-	
Bronchial Mixture	..	..	1	-	
Bronchial Syrup	..	..	1	-	
Calcium Lactate Tablets	..		1	-	
Chemical Food	..	..	1	-	
Children's Linctus	..	..	1	-	
Cold and Influenza Mixture	..		1	-	
Compound Codeine Tablets	..		1	-	
Compound Syrup of Figs	..		1	-	
Cough Elixir	..	..	1	-	
Cough Syrup	..	..	1	-	
Epsom Salts	..	..	1	-	
Gripe Mixture	..	..	1	-	
Influenza Mixture	..	..	3	-	
Mentholated Balsam	..	..	2	-	
Nerve Tonic (Adults)	..	..	1	-	
Saccharin Tablets	..	..	3	-	
Vitamin Capsules	..	..	1	-	
Vitamin Tablets	..	..	1	-	
Vitamin Mineral Capsules	..		2	-	
			—	—	
			27	-	
"Appeal to cow" milk samples	..		28	-	
			—	—	
Grand Totals	..		449	26	
			—	—	
1951	..	..	473	37	
			—	—	
1952	..	..	454	11	
			—	—	
1953	..	..	444	31	
			—	—	

In six samples it was found that water had been added to the milk. Three of these samples came from one farm and in this case proceedings are to be instituted. As two other samples were bottled inside the City of Leicester area, the matter was referred to that authority. Failure to stir the milk was the cause of the last failing sample and further samples are being taken.

An official caution was administered when the sample showed both added water and deficiency in fat.

Of the 15 samples shown to be deficient in fat, some were either exonerated or gave inconclusive figures on appeal to the cow. One deficiency was due to delay in milking. Some of these 15 samples were referred to the Ministry of Agriculture and Fisheries for veterinary examination of the herd. In two cases official cautions were given.

Where thiourea, a preservative, was found in oranges, a satisfactory assurance was given that no further oranges containing preservative would be distributed.

The seller of the sample of gin having a small deficiency in proof spirit was cautioned officially.

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